



TLF

MGB Camp S.D. Butler

PSC 556 Box 759

FPO AP 96386-0759

TYSON, GUNNERY SGT SHARONDA L

HQBN 3D MARDIV UNIT 35840

FPO, AP 96382

Room Number: F311

Daily Rate: 160.00

Room Type: QPS

No. of Guests: 2 / 1

ARRIVAL	DEPARTURE	CREDIT CARD	RATE PLAN	CATEGORY	ACCOUNT
01/11/2017	02/10/2017	XXXX XXXX XXXX 9602	PCSIN	P1	40210305186
DATE	ROOM NO.	DESCRIPTION	REFERENCE	AMOUNT	
01/11/2017	F311	ROOM CHARGE	#F311 TYSON, GYSGT SHARONDA L	\$165.00	
01/12/2017	F311	ROOM CHARGE	#F311 TYSON, GYSGT SHARONDA L	\$165.00	
01/13/2017	F311	ROOM CHARGE	#F311 TYSON, GYSGT SHARONDA L	\$165.00	
01/14/2017	F311	ROOM CHARGE	#F311 TYSON, GYSGT SHARONDA L	\$165.00	
01/15/2017	F311	ROOM CHARGE	#F311 TYSON, GYSGT SHARONDA L	\$165.00	
01/16/2017	F311	ROOM CHARGE	#F311 TYSON, GYSGT SHARONDA L	\$165.00	
01/17/2017	F311	ROOM CHARGE	#F311 TYSON, GYSGT SHARONDA L	\$165.00	
01/18/2017	F311	ROOM CHARGE	#F311 TYSON, GYSGT SHARONDA L	\$165.00	
01/19/2017	F311	ROOM CHARGE	#F311 TYSON, GYSGT SHARONDA L	\$165.00	
01/20/2017	F311	ROOM CREDIT	ROOM CREDIT/ 9days x \$5	-\$45.00	
01/20/2017	F311	ROOM CHARGE	#F311 TYSON, GYSGT SHARONDA L	\$160.00	
01/21/2017	F311	VISA	VISA	-\$1,600.00	

TOTAL DUE: \$0.00

Guest Signature

Clerk Signature

ENCLOSURE (1)

MISCELLANEOUS MILITARY PAY ORDER/SPECIAL PAYMENT AUTHORIZATION

NAVMC 11116 (REV.5-02 DTMS)(EF)
SN: 0109-LF-065-3600 U/I: PADS OF 100

DTMS Document ID: 5098094

	DATE 20170129	RUC 13001
NAME OF INDIVIDUAL (LAST, FIRST, MI) TYSON, SHARONDA L	SSN EDIP: 1251670966	ECC 20201107

TO DISBURSING OFFICER ☐ YOU ARE AUTHORIZED TO ☐ DEBIT ☐ CREDIT ☐ ADJUST THE INDIVIDUALS
MILITARY PAY ACCOUNT FOR THE TRANSACTIONS INDICATED

☐ YOU ARE DIRECTED TO MAKE THE FOLLOWING SPECIAL PAYMENT BASED ON THE
TRANSACTIONS INDICATED

PAYMENTS (Requires Commanding Officer's Signature)

TYPE: ☐ PAYDAY ADJUSTMENT ☐ SEVERE HARDSHIP ☐ EVENTS AGED 60 DAYS OR MORE

☐ SPECIAL PAYMENT ☐ MEMBER'S JUMP/MMS RECORD NOT IN CENTRAL SITE

ACCESSION MESSAGE ATTACHED

TYPED NAME/GRADE OF COMMANDING OFFICER CWO3 KEVIN L JONES	SIGNATURE OF COMMANDING OFFICER CWO3 KEVIN L JONES	DATE 20170129
--	---	------------------

ADJUSTMENTS

☐ ADVANCE PAY PAY _____ MONTHS ADVANCE PAY INCIDENT TO PCS ORDERS. (AUTHORIZATION)
REPAYMENT IN _____ MONTHS

☐ ADVANCE PAY AND ALLOWANCES PAY _____ MONTHS ADVANCE AND ALLOWANCES FOR ASSIGNMENT TO A REMOTE LOCATION
DEPLOYED ABOARD SHIP FOR MORE THAN 30 DAYS PURSUANT TO DODPM, PAR 40102.

☐ ADVANCE HOUSING ALLOWANCES PAY _____ MONTHS ADVANCE HOUSING ALLOWANCE
REPAYMENT IN _____ MONTHS

☒ OTHER REQ III MEF DISBO MAKE A SPL PAYMENT AND PAY MBR TLA. MBR REQ 1ST ARR TLA. MBR IS ON 36
MOS ACCOM TOUR. COPY OF SOURCE ATT. POC MAKINO IPAC/TLA AT 645-7728.

☐ UNIT DIARY

Admin Transaction Information
Number Date TTC SEQ Reported...

Disbursing Transaction Information
Number Date TTC SEQ Reported...

☐ PAYMENTS PR# Date Amount

ENCLOSURE (17)

CWO3 KEVIN L. JONES - 46124 [MOL Home](#) [Switch Identity](#) [Logout](#) | [Help](#)[DTMS Home](#) [Document Search](#) [New Document](#) [Reports](#) [Tools](#)

Online Transaction Processing

Document View

Document ID: 5098094

EDIPI: 1251670966

SSN: 0260452736

TYSON, SHARONDA L.

Online Transaction Summary

Online Transaction Detail

TTC	SEQ	Type	Date Created	Date Ran	Status	Result	Preparer	Certifier
584	001	Normal	2017/01/29	2017/01/30	Completed		LCPL KIARA BLANCO	SSGT CARY J. CHASE
584	001	Normal	2017/01/29	2017/01/30	Completed		LCPL KIARA BLANCO	SSGT CARY J. CHASE

TTC: 584 SEQ: 001 TYPE: Normal

DEP CODE: W
LOCNCODE: JP027
DATE: 20170111
AMOUNT: 160.00
ED: 20170111

Showing 1 to 2 of 2 entries

Previous Next[Delete](#)[Certify](#)[Cancel](#)**History:**

DTMS DOCID# 5098094 1ST ARR TLA W 2 DEPNS WO C/F
1ST VISIT HOUSING 20170113 , APPROVED OHA 20170120 , FOUND AND
ACCEPTED TBD , MOVE IN OHA TBD. WITH TLA DATA SHEET.

[Add](#)[Find](#)[Save](#)[Cancel](#)

ENCLOSURE 69

9.2.2

iad-p2s-02

05 Apr 2017 @ 1835

TEMPORARY LODGING ALLOWANCE REQUEST FORM

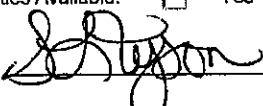
1. SERVICE MEMBER IDENTIFICATION:

Name: TYSON, SHARONDA L. Rank: GYSGT SSN: 260-45-2736
Last, First, MI
 Unit: H&S BN 3D MARDIV RUC: 1300 Work Pone #: _____
 Arrival Date: Jan 11, 2017 RTD: Jan 10, 2020 Flight Date (dep only): _____
 Type of Tour: (check one) ☐ Unaccompanied ☒ Accompanied ☐ Tour Conversion

Applicable Personnel: Spouse YES Arrival Date Jan 11, 2017 Children's dates of birth: _____
 Number of Children 01 Arrival Date Jan 11, 2017 20141015
 TLA Request for ☒ MBR + DEPNS ☐ MBR Only ☐ Depns Only

Does member have an Active Duty Spouse? (check one) ☐ Yes ☒ No
 Name: _____ Rank: _____ SSN: _____
Last, First, MI
 Unit: _____ RUC: _____ Work Pone #: _____
 Branch of Service (check one): ☐ USMC ☐ USN ☐ USAF ☐ USA

2. TLA REQUEST DATA / MEMBER'S CERTIFICATION:

Type (check one): ☒ Arrival ☐ Departure ☐ Renovation ☐ Other
 History: TLA Began Jan 11, 2017 Claim #: 1ST ARR
(Date)
 Current Periods/Dates: From: Jan 11, 2017 To: Jan 20, 2017 No. of Days 10
(Below applies to TAD and leave)
 TAD Periods: From: _____ To: _____ Funded or Permissive;
 Leave Periods: From: _____ To: _____ On-island or Off Island
 HSG Referral Registration Date: Jan 13, 2017 HSG Referral Application Date: _____
 Adequate cooking Facilities Available: ☐ Yes ☒ No
 Member's Signature:  Date: Jan 26, 2017

PENALTY STATEMENT:

There are severe criminal and civil penalties for knowingly submitting a false, fictitious, or fraudulent claim (U. S. Code, Title 18, Section 287 and 1001 and Title 31, Section 3729) I certify that I have read, understand and adhered to the policy as set forth in III MEF/MCIPACO 7220.1 The above information is accurate and reflects my attempt to obtain adequate housing.

3. UNIT CERTIFICATION:

COMRATS/BAS Start Date: _____ BAQ W/O Dependents Start Date: _____
 Effective Date of Lease: _____ Gov't QTRS Start/Stop Date: _____
 TLA Overlap Dates: From: _____ To: _____ No. of Days: _____
 COLA Start Date: _____ COLA Stop Date: _____
 OHA Start Date: _____ OHA Stop Date: _____

I have reviewed this TLA request and all supporting documentation is attached. I have counseled the member regarding any claim shortfalls and necessary corrective measures.

Commander's/Designee's Signature: K. L. JONES, CWO3, OIC, PERSO, USMC Date: Jan 27, 2017
(Type/Print Name, Rank)

ENCLOSURE (17)

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 5701, 37 USC 404-427, and EO 9397

PRINCIPAL PURPOSES: Used for reviewing, approving, accounting, and disbursing for official temporary living allowances. SSN is used to maintain a numerical identification system for individual claims.

ROUTINE USES: To substantiate claims for reimbursement for temporary lodging allowances.

DISCLOSURE: Voluntary; however, failure to furnish information requested may result in total or partial denial of amount claimed.

SUBMISSION INSTRUCTIONS

ARRIVAL:

Submit the following documents with your TLA request form:

- a. Completed Record of Housing Search Form (all claims).
- b. Copy of lodging receipts (all claims).
- c. Statement of nonavailability of government operated temporary lodging facilities (if applicable).
- d. Copy of local economy lease or housing agency reservation form (if applicable).
- e. Justification for TLA extension request (if applicable).

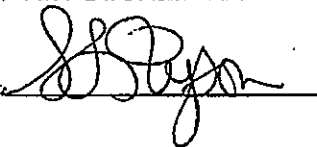
DEPARTURE:

Submit the following documents with your TLA request form:

- a. Copy of lodging receipts (all claims).
- b. Statement of nonavailability of government operated temporary lodging facility (if applicable).
- c. AF Form 594 (Assignment/Dispossession of Government Quarters) (if applicable).
- d. Justification for TLA extension request (if applicable).

Remarks:

"I WILL UPDATE MY BIR/RED VIA MOL"

SIGNATURE: 

DATE: 26 January 2017

ENCLOSURE (1)

APPENDIX C

MEMORANDUM FOR THE RECORD - ACKNOWLEDGEMENT OF TLA ENTITLEMENT CONDITIONS

I hereby acknowledge that I have been advised of and read the below conditions with regard to the entitlement to Temporary Lodging Allowance (TLA). I understand that it is my responsibility to reduce the amount of TLA required by completing all the directions listed in this order (III MEF/MCIPACO 7220.1)

a. When Payable: TLA is an earned entitlement used to partially reimburse temporary lodging expenses, payable only when I meet the criteria established by this Order.

b. When Not Payable: TLA will not be paid if at any time my situation can be described by one of the following categories:

(1) No Real Need: If at any time I cannot provide appropriate substantiating documents proving there was a need for me and/or my family members to reside in a TLF.

(2) Diligence: If at any time I cannot provide appropriate substantiating documents proving the delay of establishing/terminating a household was not under my control.

(3) Personal Preference: If at any time I decline a suitable housing offer because I dislike the appearance, size, location, acceptance of pets or any other item based on personal preference.

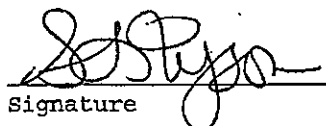
c. Extensions of TLA: I understand that I must submit for TLA extension as soon as I am aware of a need for one (see Chapter 1 of this Order).

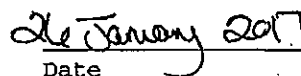
d. My Responsibilities: I understand that I must do the following:

(1) Register with the Housing Office within two (2) working days upon arrival.

(2) If on base quarters are not available, aggressively seek housing on local economy with assistance from Housing Office by physically visiting housing agencies/dwellings. Reasons for denying housing, such as "too small, too far, too old, or too expensive" must be explained in detail; see Appendix D.

(3) Submit TLA reimbursement request within three working days after each 10- day period.


Signature


Date

ENCLOSURE (17)

[illegible]

718 GLE/CEH
UNIT 5281
APO AP 95368
634-000/000

ENCLOSURE (7)



DEPARTMENT OF THE AIR FORCE
PACIFIC AIR FORCES

MEMORANDUM FOR RESIDE OFF BASE (INBOUND)

DATE: 20-Jan-2017

Category: SR3

You have been authorized to reside off-base based on the following reason:

☐ Above 98% Occupancy Rate ☐ Delayed Dependent Travel ☐ EFMP

☒ OTHER: PER MANAGEMENT AUTHORIZATION

NAME: TYSON, SHARONDA L RANK E7 SERVICE: US MARINES

The occupancy rate is: -- % / -- % Date 11-Jan-2017 CEH Verification
Primary Secondary Arrival (Staff Initials)

Member must secure off base housing within the allowable days of authorized TLA. TLA can be terminated if adequate off base housing is declined.

ack [Signature]
Housing Manager

Member Signature [Signature] Date 20 January 2017

CHAIN OF COMMAND ENDORSEMENT: (O-5 or above endorsement required)

Please check one: ☒ Approved ☐ Disapproved

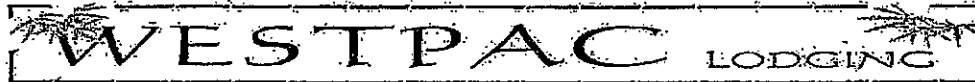
NAME: [Redacted] RANK: [Redacted] DATE: 20170123

DUTY POSITION: XO

SIGNATURE: [Redacted]

This memo may contain Personal Data which must be protected IAW DoD 5400.11R and is for Official Use Only. Privacy Act of 1974 Applies (5 USC 552a)

ENCLOSURE (17)



TLF

MCB Camp S.D. Butler
PSC 556 Box 759
FPO AP 96386-0759

TYSON, GUNNERY SGT SHARONDA L

Room Number: F311

HQBN 3D MARDIV UNIT 35840

Daily Rate: 160.00

FPO, AP 96382

Room Type: QPS

No. of Guests: 2 / 1

ARRIVAL	DEPARTURE	CREDIT CARD	RATE PLAN	CATEGORY	ACCOUNT
01/11/2017	02/18/2017	XXXX XXXX XXXX 8773	PCSIN	P1	40210305186

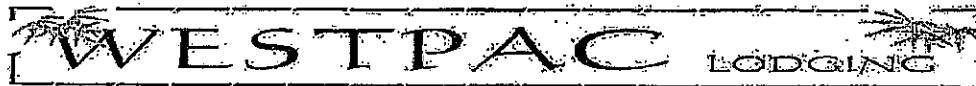
DATE	ROOM NO.	DESCRIPTION	REFERENCE	AMOUNT
02/11/2017	F311	ROOM CHARGE	#F311 TYSON, GYSGT SHARONDA L	\$160.00
02/12/2017	F311	ROOM CHARGE	#F311 TYSON, GYSGT SHARONDA L	\$160.00
02/13/2017	F311	ROOM CHARGE	#F311 TYSON, GYSGT SHARONDA L	\$160.00
02/14/2017	F311	ROOM CHARGE	#F311 TYSON, GYSGT SHARONDA L	\$160.00
02/15/2017	F311	ROOM CHARGE	#F311 TYSON, GYSGT SHARONDA L	\$160.00
02/16/2017	F311	ROOM CHARGE	#F311 TYSON, GYSGT SHARONDA L	\$160.00
02/18/2017	F311	VISA	VISA	-\$960.00

TOTAL DUE: \$0.00

Guest Signature _____

Clerk Signature 

ENCLOSURE (7)



TLF

MGB Camp S.D. Butler

PSC 556 Box 759

FPO AP 96386-0759

TYSON, GUNNERY SGT SHARONDA L

HQBN 3D MARDIV UNIT 35840

FPO, AP 96382

Room Number: F311

Daily Rate: 160.00

Room Type: QPS

No. of Guests: 2 / 1

ARRIVAL	DEPARTURE	CREDIT CARD	RATE PLAN	CATEGORY	ACCOUNT
01/11/2017	02/18/2017	XXXX XXXX XXXX 8773	PCSIN	P1	40210305186

DATE	ROOM NO	DESCRIPTION	REFERENCE	AMOUNT
02/01/2017	F311	ROOM CHARGE	#F311 TYSON, GYSGT SHARONDA L	\$160.00
02/02/2017	F311	ROOM CHARGE	#F311 TYSON, GYSGT SHARONDA L	\$160.00
02/03/2017	F311	ROOM CHARGE	#F311 TYSON, GYSGT SHARONDA L	\$160.00
02/04/2017	F311	ROOM CHARGE	#F311 TYSON, GYSGT SHARONDA L	\$160.00
02/05/2017	F311	ROOM CHARGE	#F311 TYSON, GYSGT SHARONDA L	\$160.00
02/06/2017	F311	ROOM CHARGE	#F311 TYSON, GYSGT SHARONDA L	\$160.00
02/07/2017	F311	ROOM CHARGE	#F311 TYSON, GYSGT SHARONDA L	\$160.00
02/08/2017	F311	ROOM CHARGE	#F311 TYSON, GYSGT SHARONDA L	\$160.00
02/09/2017	F311	ROOM CHARGE	#F311 TYSON, GYSGT SHARONDA L	\$160.00
02/10/2017	F311	ROOM CHARGE	#F311 TYSON, GYSGT SHARONDA L	\$160.00
02/11/2017	F311	VISA	VISA	-\$1,600.00

TOTAL DUE: \$0.00

Guest Signature

Clerk Signature

ENCLOSURE (7)

WESTPAC LODGING

TLE
MCB Camp S.D. Butler
PSC 556 Box 759
FPO AP 96386-0759

TYSON, GUNNERY SGT SHARONDA L

HQBN 3D MARDIV UNIT 35840
FPO, AP 96382

Room Number: F311
Daily Rate: 160.00
Room Type: QPS
No. of Guests: 2 / 1

ARRIVAL	DEPARTURE	CREDIT CARD	RATE PLAN	CATEGORY	ACCOUNT
01/11/2017	02/15/2017	XXXX XXXX XXXX 8773	PCSIN	P1	40210305186
DATE	ROOM NO.	DESCRIPTION	REFERENCE		AMOUNT
01/21/2017	F311	ROOM CHARGE	#F311 TYSON, GYSGT SHARONDA L		\$160.00
01/22/2017	F311	ROOM CHARGE	#F311 TYSON, GYSGT SHARONDA L		\$160.00
01/23/2017	F311	ROOM CHARGE	#F311 TYSON, GYSGT SHARONDA L		\$160.00
01/24/2017	F311	ROOM CHARGE	#F311 TYSON, GYSGT SHARONDA L		\$160.00
01/25/2017	F311	ROOM CHARGE	#F311 TYSON, GYSGT SHARONDA L		\$160.00
01/26/2017	F311	ROOM CHARGE	#F311 TYSON, GYSGT SHARONDA L		\$160.00
01/27/2017	F311	ROOM CHARGE	#F311 TYSON, GYSGT SHARONDA L		\$160.00
01/28/2017	F311	ROOM CHARGE	#F311 TYSON, GYSGT SHARONDA L		\$160.00
01/29/2017	F311	ROOM CHARGE	#F311 TYSON, GYSGT SHARONDA L		\$160.00
01/30/2017	F311	ROOM CHARGE	#F311 TYSON, GYSGT SHARONDA L		\$160.00
01/31/2017	F311	ROOM CHARGE	#F311 TYSON, GYSGT SHARONDA L		\$160.00
02/01/2017	F311	VISA	VISA		-\$1,760.00

TOTAL DUE: \$0.00

Guest Signature _____

Clerk Signature _____

ENCLOSURE (1)

MISCELLANEOUS MILITARY PAY ORDER/SPECIAL PAYMENT AUTHORIZATION
NAVMC 11116 (REV.5-02 DTMS)(EF)
 SN: 0109-LF-065-3600 U/I: PADS OF 100

DTMS Document ID: 5141067

		DATE 20170226	RUC 13001
NAME OF INDIVIDUAL (LAST, FIRST, MI) TYSON, SHARONDA L		SSN EDIFI: 1251670966	ECC 20201107

TO DISBURSING OFFICER ☐ YOU ARE AUTHORIZED TO ☐ DEBIT ☐ CREDIT ☐ ADJUST THE INDIVIDUALS
 MILITARY PAY ACCOUNT FOR THE TRANSACTIONS INDICATED

☐ YOU ARE DIRECTED TO MAKE THE FOLLOWING SPECIAL PAYMENT BASED ON THE
 TRANSACTIONS INDICATED

PAYMENTS (Requires Commanding Officer's Signature)

TYPE: ☐ PAYDAY ADJUSTMENT ☐ SEVERE HARDSHIP ☐ EVENTS AGED 60 DAYS OR MORE

☐ SPECIAL PAYMENT ☐ MEMBER'S JUMP/MMS RECORD NOT IN CENTRAL SITE

ACCESSION MESSAGE ATTACHED

TYPED NAME/GRADE OF COMMANDING OFFICER CWO3 KEVIN L JONES	SIGNATURE OF COMMANDING OFFICER CWO3 KEVIN L JONES	DATE 20170226
--	---	------------------

ADJUSTMENTS

☐ **ADVANCE PAY** PAY _____ MONTHS ADVANCE PAY INCIDENT TO PCS ORDERS. (AUTHORIZATION)
 REPAYMENT IN _____ MONTHS

☐ **ADVANCE PAY AND ALLOWANCES** PAY _____ MONTHS ADVANCE AND ALLOWANCES FOR ASSIGNMENT TO A REMOTE LOCATION
 DEPLOYED ABOARD SHIP FOR MORE THAN 30 DAYS PURSUANT TO DODPM, PAR 40102.

☐ **ADVANCE HOUSING ALLOWANCES** PAY _____ MONTHS ADVANCE HOUSING ALLOWANCE
 REPAYMENT IN _____ MONTHS

☒ **OTHER** REQ III MEF DISBURSING TO PAY AS SPECIAL PAYMENT MBR IS REQ 2ND TLA. MBR IS ON 36 MOS ACC
 TOUR. SOURCE DOCS ATTACHED. POC IS [REDACTED] IPAC/TLA 645-7728.

☐ **UNIT DIARY**

Admin Transaction Information
Number Date TTC SEQ Reported...

Disbursing Transaction Information
Number Date TTC SEQ Reported...

☐ **PAYMENTS** PR# Date Amount

ENCLOSURE (1)

CWO3 KEVIN L. JONES - 46124 [MOL Home](#) [Switch Identity](#) [Logout](#) | [Help](#)[DTMS Home](#) [Document Search](#) [New Document](#) [Reports](#) [Tools](#)

Online Transaction Processing

Document View

Document ID: 5141067

EDIPI: 1251670966

SSN: 0260452736

TYSON, SHARONDA L.

Online Transaction Summary

Online Transaction Detail

TTC	SEQ	Type	Date Created	Date Ran	Status	Result	Preparer	Certifier
554	001	Normal	2017/02/26	2017/02/27	Completed		FOR YOSHIE INAMINE	1STLT TIMOTHY J. KIMBROW

TTC: 001

SEQ: 001

TYPE: Normal

Showing 1 to 1 of 1 entries

Previous ☒ Next

DEP CODE: W

LOCNCODE: JP027

DATE: 20170121

AMOUNT: 287.50

ED: 20170130

History:

DTMS DOCID# 5141067
2ND/ARR TLA W 2 DEPNS WO C/F 1ST VISIT HOUSING 20170113, APPROVED OHA
20170120, FOUND AND ACCEPTED 20170130, MOVE IN OHA 20170217, WITH TLA
DATA SHEET.

[Add](#) [Find](#) [Save](#) [Cancel](#)

9.2.2

iad-p2s-02

05 Apr 2017 @ 1819

ENCLOSURE (4)

5141067

TEMPORARY LODGING ALLOWANCE REQUEST FORM

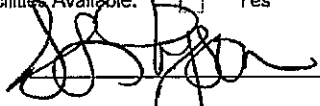
1. SERVICE MEMBER IDENTIFICATION:

Name: TYSON SHARONDA L Rank: GYSGT SSN: 260-45-2736
Last, First, MI
 Unit: H&S BN 50 MARDIV RUC: _____ Work Pone #: 080-4184-8219
 Arrival Date: Jan 11, 2017 RTD: Jan 10, 2020 Flight Date (dep only): _____
 Type of Tour: (check one) ☐ Unaccompanied ☒ Accompanied ☐ Tour Conversion

Applicable Personnel: Spouse YES Arrival Date Jan 11, 2017 Children's dates of birth: _____
 Number of Children 01 Arrival Date Jan 11, 2017 20141015
 TLA Request for ☒ MBR + DEPNS ☐ MBR Only ☐ Depns Only

Does member have an Active Duty Spouse? (check one) ☐ Yes ☒ No
 Name: _____ Rank: _____ SSN: _____
Last, First, MI
 Unit: _____ RUC: _____ Work Pone #: _____
 Branch of Service (check one): ☐ USMC ☐ USN ☐ USAF ☐ USA

2. TLA REQUEST DATA / MEMBER'S CERTIFICATION:

Type (check one): ☒ Arrival ☐ Departure ☐ Renovation ☐ Other
 History: TLA Began Jan 11, 2017 Claim #: 2ND ARRIV
(Date)
 Current Periods/Dates: From: Jan 21, 2017 To: Jan 30, 2017 No. of Days 10
(Below applies to TAD and leave)
 TAD Periods: From: _____ To: _____ Funded or Permissive;
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 HSG Referral Registration Date: Jan 13, 2017 HSG Referral Application Date: _____
 Adequate cooking Facilities Available: ☐ Yes ☒ No
 Member's Signature:  Date: FEB 22, 2017

PENALTY STATEMENT:

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 COLA Start Date: _____ COLA Stop Date: _____
 OHA Start Date: _____ OHA Stop Date: _____

I have reviewed this TLA request and all supporting documentation is attached. I have counseled the member regarding any claim shortfalls and necessary corrective measures.

Commander's/Designee's Signature: K. L. JONES, CWO3, OIC, PERSO, USMC Date: FEB 22, 2017
(Type/Print Name, Rank)

ENCLOSURE (1)

PRIVACY ACT STATEMENT

AUTHORITY: SUSC 5701, 37 USC 404-427, and EO 9397

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- e. Justification for TLA extension request (if applicable).

DEPARTURE:

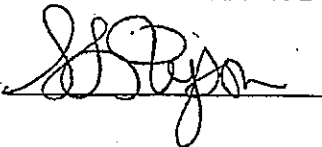
Submit the following documents with your TLA request form:

- a. Copy of lodging receipts (all claims).
- b. Statement of nonavailability of government operated temporary lodging facility (if applicable).
- c. AF Form 594 (Assignment/Dispossession of Government Quarters) (if applicable).
- d. Justification for TLA extension request (if applicable).

Remarks:

"I WILL UPDATE MY BIR/RED VIA MOL"

SIGNATURE:



DATE:

26 January 2017

ENCLOSURE (17)

APPENDIX C

MEMORANDUM FOR THE RECORD - ACKNOWLEDGEMENT OF TLA ENTITLEMENT CONDITIONS

I hereby acknowledge that I have been advised of and read the below conditions with regard to the entitlement to Temporary Lodging Allowance (TLA). I understand that it is my responsibility to reduce the amount of TLA required by completing all the directions listed in this order (III MEF/MCIPACO 7220.1)

a. When Payable: TLA is an earned entitlement used to partially reimburse temporary lodging expenses, payable only when I meet the criteria established by this Order.

b. When Not Payable: TLA will not be paid if at any time my situation can be described by one of the following categories:

(1) No Real Need: If at any time I cannot provide appropriate substantiating documents proving there was a need for me and/or my family members to reside in a TLF.

(2) Diligence: If at any time I cannot provide appropriate substantiating documents proving the delay of establishing/terminating a household was not under my control.

(3) Personal Preference: If at any time I decline a suitable housing offer because I dislike the appearance, size, location, acceptance of pets or any other item based on personal preference.

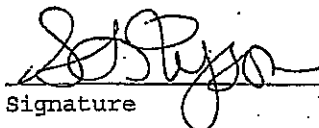
c. Extensions of TLA: I understand that I must submit for TLA extension as soon as I am aware of a need for one (see Chapter 1 of this Order).

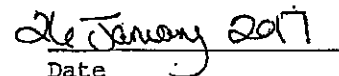
d. My Responsibilities: I understand that I must do the following:

(1) Register with the Housing Office within two (2) working days upon arrival.

(2) If on base quarters are not available, aggressively seek housing on local economy with assistance from Housing Office by physically visiting housing agencies/dwellings. Reasons for denying housing, such as "too small, too far, too old, or too expensive" must be explained in detail; see Appendix D.

(3) Submit TLA reimbursement request within three working days after each 10- day period.


Signature


Date

TEMPORARY LODGING ALLOWANCE (TLA) DATA SHEET

FOR THE PERIOD OF 20170121/20170216

TLA CLAIM # 2ND/3RD/4P

In order to be processed for TLA and maintain an entitlement for continued TLA, you must maintain a housing search record. Every address/agency must be annotated with justification regarding reason for refusal. You are required to check all addresses that are within your rental ceiling. If requirements are not being met and an aggressive search is not maintained, TLA will be terminated.

NAME: Sharonda L. Tyson

DUTY PHONE: 680-4184-829

ORGANIZATION: MCI-PAC

DATE ARRIVED: 11 January 2017

DATE ATTENDED HOUSING BRIEF: 13 January 2017

COUNSELOR'S NAME: Mrs. Yoko

I, Sharonda L. Tyson, located housing on 30 Jan 17 and accepted on 30 Jan 17. I will move to on-base/off-base quarters at 2753-282 Zakimi Yomitan on 17 Feb 17.

(CIRCLE ONE)

ADDRESS

The first available date for delivery of government furnishings is 16 Feb 17. TLA will stop on the date government furniture is available for delivery, provided the housing unit is ready for occupancy.

DATE OF VISIT	ADDRESS	AGENCY NAME (SEAL AND STAMP)	REASON NOT ACCEPTED
1/23/17	444-4 Nakon House	AGENCY NAME	OVER OHA CAP \$245,000
1/26/17	148-3 Kaja Okinawa - City	AGENCY NAME	5th IN LEASING
1/31/17	3-33-35 Minami tobaru OK	American Family Housing	14th IN LEASING
1/24/17	88-8 Naborima Nago	AGENCY NAME	2ND IN LEASING
1/27/17	Araki House 2-11-8 Kaino Goro	AGENCY NAME	2nd IN LEASING
1/27/17	816-8 Kamichi Uruma City	AGENCY NAME	5th in Leasing
1/27/17	274 Uza Yomitan	AGENCY NAME	2nd in Leasing
1/25/17	Liese House	AGENCY NAME	1st in Leasing
1/30/17	76-2 Kijye Yomitan	AGENCY NAME	2ND in Leasing
1/30/17	1395-117 Sode Yomitan	AGENCY NAME	14th in Leasing
1/30/17	2753-282 Zakimi Yomitan	AGENCY NAME	ACCEPTED
2/2/17	88 sode yomitan	AGENCY NAME	5th in Leasing
2/2/17	Star River Yamanchi Okinawa	AGENCY NAME	2nd in Leasing
1/27/17	2717-38 Zakimi Yomitan	AGENCY NAME	3RD in Leasing
1/24/17	3212 35 Goro City	AGENCY NAME	3RD in Leasing

Penalty Statement

There are severe criminal penalties for knowingly submitting a false, fictitious, or fraudulent claim (U.S. Code, Title 18, Section 287 and 1001 Title 31, Section 3729. I certify that I have read, understand and adhere to the policy as set forth in III MEF/MCIPACO 7220.1A. The above information is accurate and reflects my attempt to obtain adequate housing.

MEMBER'S SIGNATURE: [Signature]

DATE: 13 Feb 2017

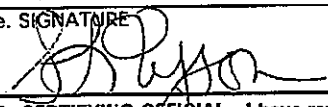
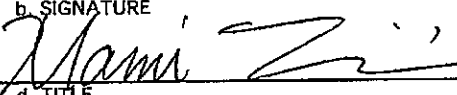
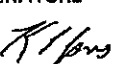
HOUSING REPRESENTATIVE SIGNATURE: [Signature]

DATE: 13 Feb 2017



MCIPAC/III MEF DISBURSING/7220/3 (Rev. 11-15)

PREVIOUS EDITIONS ARE OBSOLETE

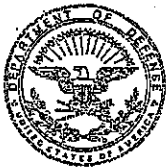
ENCLOSURE (7)

INDIVIDUAL OVERSEAS HOUSING ALLOWANCE (OHA) REPORT <i>Before completing, read Privacy Act Statement and Warning on reverse side.</i>		INTERAGENCY REPORT CONTROL NUMBER 0374-DOD-AR REPORT CONTROL SYMBOL DD-P&R(AR)1697													
PART A - IDENTIFICATION AND HOUSING INFORMATION															
1. SERVICEMEMBER a. NAME (Last, First, Middle Initial) TYSON, SHARONDA L.		3. SERVICEMEMBER'S RESIDENCE ADDRESS (Street, Apt. No., City, Country) SEA LAKE G-8 2753-282 ZAKIMI, YOMITAN													
b. PAY GRADE E-7 / MC	c. SSN 260-45-2736	4. EFFECTIVE DATE OF LEASE/RENTAL/SALE AGREEMENT (YYYYMMDD) 2017/2/17 (PASS INSP: 2015/3/26)													
d. DUTY STATION OR HOMEPORT (1) Station Name 3RD MARINE DIVISION / CAMP FOSTER (2) City OKINAWA (3) Country JAPAN (4) Duty Phone 645-3990		5. IN WHAT CURRENCY IS YOUR RENT OR MORTGAGE PAID? (X one) (See instructions on reverse side if you pay rent three or more months in advance.) <input checked="" type="checkbox"/> a. LOCAL CURRENCY (Specify name of currency. Report amount in item 6.) <input type="checkbox"/> b. U.S. DOLLARS YEN													
2. ARE YOU ENTITLED TO A COST-OF-LIVING OR OVERSEAS HOUSING ALLOWANCE FOR DEPENDENTS RESIDING ELSEWHERE? (X one) <input type="checkbox"/> YES (Specify location) <input checked="" type="checkbox"/> NO or NOT APPLICABLE		6. X THE APPROPRIATE BOX TO INDICATE WHETHER YOUR RESIDENCE IS LEASED OR OWNED AND GIVE THE MONTHLY RENTAL AMOUNT OR THE PURCHASE PRICE IN THE CURRENCY YOU SPECIFIED IN QUESTION 5. <input checked="" type="checkbox"/> a. LEASED/RENTED (Enter monthly rent below. If sharing, report TOTAL rent, not your share.) ¥ 230,000 <input type="checkbox"/> b. OWNED (Enter original purchase price. Include only cost of home, EXCLUDE closing costs, taxes, etc.)													
HOMEOWNERS, SKIP QUESTION 7 AND GO DIRECTLY TO QUESTION 8.															
7. UTILITIES (Excluding telephone) (X appropriate block) <input checked="" type="checkbox"/> a. I SEPARATELY PAY FOR ALL UTILITIES. NONE ARE INCLUDED IN RENTAL/LEASE AGREEMENT WITH LANDLORD. <input type="checkbox"/> b. I DO NOT SEPARATELY PAY FOR ANY UTILITIES (excluding telephone). ALL UTILITIES ARE INCLUDED IN RENTAL/LEASE AGREEMENT AND PAID BY LANDLORD. <input type="checkbox"/> c. I SEPARATELY PAY FOR SOME UTILITIES (excluding telephone) AND SOME ARE INCLUDED IN RENTAL/LEASE AGREEMENT WITH LANDLORD. (Complete items (1) - (5) below indicating utilities/services of which your landlord provides the MAJORITY.) (1) Electricity (2) Heating GAS (3) Air conditioning (X if window units used and landlord provides electricity.) (4) Water or Sewer (5) Trash Disposal		8. TO DETERMINE IF YOU ARE A "SHARER" FOR HOUSING ALLOWANCE PURPOSES, ENTER AN X IN THE BOX AT LEFT FOR EACH CATEGORY OF INDIVIDUAL OCCUPYING YOUR RESIDENCE. FOR EACH CATEGORY YOU X, ENTER THE NUMBER REQUESTED IN THE BOX AT RIGHT. THEN RECORD THE TOTAL IN THE BOX AT THE BOTTOM. (NOTE: Do not count dependents unless covered by category c.) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">X a. MYSELF</td> <td style="width: 50%; text-align: center;">1</td> </tr> <tr> <td>b. SPOUSE WHO IS ALSO A SERVICEMEMBER (Enter "1")</td> <td></td> </tr> <tr> <td>c. SPOUSE OR OTHER DEPENDENT WHO IS A FEDERAL CIVILIAN EMPLOYEE ENTITLED TO LIVING QUARTERS ALLOWANCE (Enter number)</td> <td></td> </tr> <tr> <td>d. OTHER SERVICEMEMBERS ENTITLED TO A HOUSING ALLOWANCE (Enter number)</td> <td></td> </tr> <tr> <td>e. EXCLUDING DEPENDENTS, ANY OTHERS NOT COVERED ABOVE WHO PAY A PORTION OF THE RENT, MORTGAGE, AND/OR UTILITIES (Enter number)</td> <td></td> </tr> <tr> <td>TOTAL (8a through e) (If result exceeds "1", you are considered a "sharer".)</td> <td style="text-align: center;">1</td> </tr> </table>		X a. MYSELF	1	b. SPOUSE WHO IS ALSO A SERVICEMEMBER (Enter "1")		c. SPOUSE OR OTHER DEPENDENT WHO IS A FEDERAL CIVILIAN EMPLOYEE ENTITLED TO LIVING QUARTERS ALLOWANCE (Enter number)		d. OTHER SERVICEMEMBERS ENTITLED TO A HOUSING ALLOWANCE (Enter number)		e. EXCLUDING DEPENDENTS, ANY OTHERS NOT COVERED ABOVE WHO PAY A PORTION OF THE RENT, MORTGAGE, AND/OR UTILITIES (Enter number)		TOTAL (8a through e) (If result exceeds "1", you are considered a "sharer".)	1
X a. MYSELF	1														
b. SPOUSE WHO IS ALSO A SERVICEMEMBER (Enter "1")															
c. SPOUSE OR OTHER DEPENDENT WHO IS A FEDERAL CIVILIAN EMPLOYEE ENTITLED TO LIVING QUARTERS ALLOWANCE (Enter number)															
d. OTHER SERVICEMEMBERS ENTITLED TO A HOUSING ALLOWANCE (Enter number)															
e. EXCLUDING DEPENDENTS, ANY OTHERS NOT COVERED ABOVE WHO PAY A PORTION OF THE RENT, MORTGAGE, AND/OR UTILITIES (Enter number)															
TOTAL (8a through e) (If result exceeds "1", you are considered a "sharer".)	1														
9. If Block 8.b. or 8.d. is marked, report their full name(s), Social Security Number(s) and Branch of Service in "Remarks" on reverse.															
PART B - CERTIFICATIONS															
10. SERVICEMEMBER. I certify that: a. The information I have reported is true and correct. b. I will immediately inform my commanding officer if any changes occur to the information I have reported. c. The attached copy of my housing lease/rental/sale agreement (or certification from landlord) is true and correct, if applicable. d. I have read the overseas housing allowance briefing sheet provided by my commander or authorized representative, if applicable. e. SIGNATURE 		11. HOUSING OFFICER or APPROPRIATE OFFICIAL. I have reviewed and verified the member's lease/rental/sale agreement and information from it was properly reported. a. MIHA/MISCELLANEOUS PAYMENT AUTHORIZED? (X one) <input checked="" type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No If Yes, entitlement is: <input checked="" type="checkbox"/> (a) Initial <input type="checkbox"/> (b) Subsequent b. SIGNATURE  c. DATE SIGNED (YYYYMMDD) 2017-Feb-10 d. TITLE HOUSING CLERK BWT1-4, MAMI TOMIMORI													
12. CERTIFYING OFFICIAL. I have reviewed this action and certify the entitlement. If applicable to this action, member has read the overseas housing allowance briefing sheet and is aware of his/her entitlements and responsibility to report any changes. a. TYPE HOUSING ALLOWANCE ACTION (X one) <input checked="" type="checkbox"/> (1) Start <input type="checkbox"/> (3) Stop <input type="checkbox"/> (5) *Cancel <input type="checkbox"/> (2) Change <input type="checkbox"/> (4) Correct <input type="checkbox"/> (6) *Report *For Air Force use only		b. MIHA/MISCELLANEOUS ENTITLEMENT (X one) <input checked="" type="checkbox"/> (1) Initial <input type="checkbox"/> (2) Subsequent <input type="checkbox"/> (3) None c. EFFECTIVE DATE OF ACTION (YYYYMMDD)													
d. DOES MEMBER HAVE COMMAND-SPONSORED DEPENDENTS IN AREA OF PERMANENT DUTY STATION? <input checked="" type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No		e. SIGNATURE 													
f. TITLE Persu		g. DATE SIGNED (YYYYMMDD) 20170222													

ENCLOSURE (17)

MOVE-IN HOUSING ALLOWANCE CLAIM FOR PERSONNEL OCCUPYING PRIVATELY LEASED/OWNED QUARTERS OVERSEAS <i>(Read Warning, Privacy Act Statement, and Instructions on reverse before completion)</i>		INTERAGENCY REPORT CONTROL NUMBER 0370-DOD-AR	
		REPORT CONTROL SYMBOL DD-P&R(AR)1834	
PART A - SERVICEMEMBER IDENTIFICATION AND RESIDENCE INFORMATION			
1. NAME (Last, First, Middle Initial) TYSON, SHARONDA L.		2. GRADE E-7 / MC	3. SOCIAL SECURITY NUMBER 260-45-2736
4. DUTY LOCATION OR HOMEPORT a. STATION NAME 3RD MARINE DIVISION / FOSTER		b. LOCATION CODE (Official Use)	5. RESIDENCE ADDRESS (Street, Apt. No., City, Country) SEA LAKE G-8 2753-282 ZAKIMI, YOMITAN
c. CITY OKINAWA	d. COUNTRY JAPAN	e. DUTY TELEPHONE NO. 645-3990	
PARTS B - C - EXPENSES ASSOCIATED WITH OCCUPYING RENTED/OWNED QUARTERS			
a. EXPENSE ITEMS <i>(List all expense items in Parts B and C below. Enter "None" if appropriate. If a sharer, only one sharer may report an expense item. Report all amounts in dollars and cents. Refer to Instructions and Appendix N, JFTR, to determine what can and cannot be reported.)</i>		b. AMOUNT CLAIMED <i>(If payment made in foreign currency, convert to dollars at actual conversion rate.)</i>	c. AMOUNT ALLOWED <i>(If certifier excludes any amount, provide explanation on separate sheet.) (Official Use)</i>
PART B - RENT-RELATED EXPENSES (Not applicable to homeowners)			
AGENCY FEE ¥ 115,000 PAID ON 2017/2/2 YEN RATE IS ¥ 111		\$1,036.04	\$1,036.04
6. PART B SUBTOTAL (Official Use)			\$1,036.04
PART C - SECURITY-RELATED EXPENSES (Allowed only in selected areas. See Appendix N.)			
7. PART C SUBTOTAL (Official Use)			\$0.00
PART D - REIMBURSEMENT TO MEMBER (Official use only. Servicemember - skip to Part E.)			
8. AMOUNT FROM LINE 6		\$1,036.04	
9. AMOUNT FROM LINE 7		\$0.00	
10. AMOUNT DUE MEMBER (Sum of Lines 8 and 9)		\$1,036.04	
PART E - CERTIFICATIONS			
11. SERVICEMEMBER. I certify that the information reported in Parts A - C is true and correct.			
a. SIGNATURE 		b. DATE SIGNED (YYYYMMDD) 2017/2/10	
12. HOUSING OFFICER OR DESIGNATED AUTHORIZING/APPROVING OFFICIAL. I have reviewed this claim and certify that information was properly reported. I have entered monthly rent (in dollars using Part B conversion rate, if appropriate) and total sharers from member's DD Form 2367. (If homeowner, report "rent" as original purchase price divided by 120.)			
a. RENT ¥ 230,000	b. TOTAL SHARERS 1	c. TITLE HOUSING CLERK BWT1-4, MAMI TOMIMORI	
d. SIGNATURE 		e. DATE SIGNED (YYYYMMDD) 2017/2/10	

ENCLOSURE (1)



DEPARTMENT OF THE AIR FORCE
PACIFIC AIR FORCES

MEMORANDUM FOR RESIDE OFF BASE (INBOUND)

DATE: 20-Jan-2017

Category: SR3

You have been authorized to reside off-base based on the following reason:

☐ Above 98% Occupancy Rate ☐ Delayed Dependent Travel ☐ EFMP

☒ OTHER: PER MANAGEMENT AUTHORIZATION

NAME: TYSON, SHARONDA L. RANK: E7 SERVICE: US MARINES

The occupancy rate is: — % / — % Date 11-Jan-2017 CEH Verification —
Primary Secondary Arrival (Staff Initials)

Member must secure off base housing within the allowable days of authorized TLA. TLA can be terminated if adequate off base housing is declined.

ak [Signature]
Housing Manager

Member Signature

[Signature]

Date

20 January 2017

CHAIN OF COMMAND ENDORSEMENT: (O-5 or above endorsement required)

Please check one: ☒ Approved ☐ Disapproved

NAME: SETH WOLCOTT RANK: LT COL DATE: 20170123

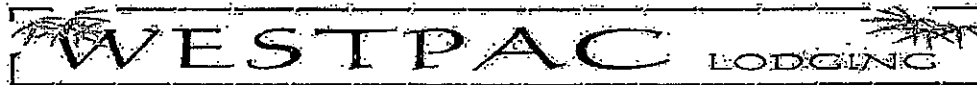
DUTY POSITION: XO

SIGNATURE:

[Signature]

This memo may contain Personal Data which must be protected IAW DoD 5400.11R and is for Official Use Only. Privacy Act of 1974 Applies (5 USC 552a)

ENCLOSURE (17)



TLF
 MCB Camp S.D. Butler
 PSC 556 Box 759
 FPO AP 96386-0759

TYSON, GUNNERY SGT SHARONDA L

HQBN 3D MARDIV UNIT 85840
 FPO, AP 96382

Room Number: F311
 Daily Rate: 160.00
 Room Type: QPS
 No. of Guests: 2 / 1

ARRIVAL	DEPARTURE	CREDIT CARD	RATE PLAN	CATEGORY	ACCOUNT
01/11/2017	02/18/2017	XXXX XXXX XXXX 8773	PCSIN	P1	40210305186
DATE	ROOM NO.	DESCRIPTION	REFERENCE	AMOUNT	
02/11/2017	F311	ROOM CHARGE	#F311 TYSON, GYSGT SHARONDA L	\$160.00	
02/12/2017	F311	ROOM CHARGE	#F311 TYSON, GYSGT SHARONDA L	\$160.00	
02/13/2017	F311	ROOM CHARGE	#F311 TYSON, GYSGT SHARONDA L	\$160.00	
02/14/2017	F311	ROOM CHARGE	#F311 TYSON, GYSGT SHARONDA L	\$160.00	
02/15/2017	F311	ROOM CHARGE	#F311 TYSON, GYSGT SHARONDA L	\$160.00	
02/16/2017	F311	ROOM CHARGE	#F311 TYSON, GYSGT SHARONDA L	\$160.00	
02/18/2017	F311	VISA	VISA	-\$960.00	

TOTAL DUE: \$0.00

Guest Signature

Clerk Signature

ENCLOSURE (7)



TLF
 MCB Camp S.D. Butler
 PSC 556 Box 759
 FPO AP 96386-0759

TYSON, GUNNERY SGT SHARONDA L

Room Number: F311
 Daily Rate: 160.00
 Room Type: QPS
 No. of Guests: 2 / 1

HQBN 3D MARDIV UNIT 35840
 FPO, AP 96382

ARRIVAL	DEPARTURE	CREDIT CARD	RATE PLAN	CATEGORY	ACCOUNT
01/11/2017	02/18/2017	XXXX XXXX XXXX 8773	PCSIN	P1	40210305186
DATE	ROOM NO	DESCRIPTION	REFERENCE		AMOUNT
02/01/2017	F311	ROOM CHARGE	#F311 TYSON, GYSGT SHARONDA L		\$160.00
02/02/2017	F311	ROOM CHARGE	#F311 TYSON, GYSGT SHARONDA L		\$160.00
02/03/2017	F311	ROOM CHARGE	#F311 TYSON, GYSGT SHARONDA L		\$160.00
02/04/2017	F311	ROOM CHARGE	#F311 TYSON, GYSGT SHARONDA L		\$160.00
02/05/2017	F311	ROOM CHARGE	#F311 TYSON, GYSGT SHARONDA L		\$160.00
02/06/2017	F311	ROOM CHARGE	#F311 TYSON, GYSGT SHARONDA L		\$160.00
02/07/2017	F311	ROOM CHARGE	#F311 TYSON, GYSGT SHARONDA L		\$160.00
02/08/2017	F311	ROOM CHARGE	#F311 TYSON, GYSGT SHARONDA L		\$160.00
02/09/2017	F311	ROOM CHARGE	#F311 TYSON, GYSGT SHARONDA L		\$160.00
02/10/2017	F311	ROOM CHARGE	#F311 TYSON, GYSGT SHARONDA L		\$160.00
02/11/2017	F311	VISA	VISA		-\$1,800.00

TOTAL DUE: \$0.00

Guest Signature

Clerk Signature

ENCLOSURE (17)

WESTPAC LODGING

TLF

MCB Camp S.D. Butler
PSC 556 Box 759
FPO AP 96386-0759

TYSON, GUNNERY SGT SHARONDA L

HQBN 3D MARDIV UNIT 35840

FPO, AP 96382

Room Number: F311

Daily Rate: 160.00

Room Type: QPS

No. of Guests: 2 / 1

ARRIVAL	DEPARTURE	CREDIT CARD	RATE PLAN	CATEGORY	ACCOUNT
01/11/2017	02/15/2017	XXXX XXXX XXXX 8773	PCSIN	P1	40210305186
DATE	ROOM NO.	DESCRIPTION	REFERENCE	AMOUNT	
01/21/2017	F311	ROOM CHARGE	#F311 TYSON, GYSGT SHARONDA L	\$160.00	
01/22/2017	F311	ROOM CHARGE	#F311 TYSON, GYSGT SHARONDA L	\$160.00	
01/23/2017	F311	ROOM CHARGE	#F311 TYSON, GYSGT SHARONDA L	\$160.00	
01/24/2017	F311	ROOM CHARGE	#F311 TYSON, GYSGT SHARONDA L	\$160.00	
01/25/2017	F311	ROOM CHARGE	#F311 TYSON, GYSGT SHARONDA L	\$160.00	
01/26/2017	F311	ROOM CHARGE	#F311 TYSON, GYSGT SHARONDA L	\$160.00	
01/27/2017	F311	ROOM CHARGE	#F311 TYSON, GYSGT SHARONDA L	\$160.00	
01/28/2017	F311	ROOM CHARGE	#F311 TYSON, GYSGT SHARONDA L	\$160.00	
01/29/2017	F311	ROOM CHARGE	#F311 TYSON, GYSGT SHARONDA L	\$160.00	
01/30/2017	F311	ROOM CHARGE	#F311 TYSON, GYSGT SHARONDA L	\$160.00	
01/31/2017	F311	ROOM CHARGE	#F311 TYSON, GYSGT SHARONDA L	\$160.00	
02/01/2017	F311	VISA	VISA	-\$1,760.00	

TOTAL DUE: \$0.00

Guest Signature _____

Clerk Signature _____



ENCLOSURE (7)

MISCELLANEOUS MILITARY PAY ORDER/SPECIAL PAYMENT AUTHORIZATION

NAVMC 11116 (REV.5-02 DTMS)(EF)

SN: 0109-LF-065-3600 U/I: PADS OF 100

DTMS Document ID: 5141078

		DATE 20170226	RUC 13001
NAME OF INDIVIDUAL (LAST, FIRST, MI) TYSON, SHARONDA L		SSN EDIFI: 1251670966	ECC 20201107
TO DISBURSING OFFICER	<input type="checkbox"/> YOU ARE AUTHORIZED TO MILITARY PAY ACCOUNT FOR THE TRANSACTIONS INDICATED	<input type="checkbox"/> DEBIT	<input type="checkbox"/> CREDIT
	<input type="checkbox"/> YOU ARE DIRECTED TO MAKE THE FOLLOWING SPECIAL PAYMENT BASED ON THE TRANSACTIONS INDICATED	<input type="checkbox"/> ADJUST THE INDIVIDUALS	

PAYMENTS (Requires Commanding Officer's Signature)

TYPE:	<input type="checkbox"/> PAYDAY ADJUSTMENT	PURPOSE:	<input type="checkbox"/> SEVERE HARDSHIP	<input type="checkbox"/> EVENTS AGED 60 DAYS OR MORE
	<input type="checkbox"/> SPECIAL PAYMENT		<input type="checkbox"/> MEMBER'S JUMP/MMS RECORD NOT IN CENTRAL SITE	
ACCESSION MESSAGE ATTACHED				

TYPED NAME/GRADE OF COMMANDING OFFICER CWO3 KEVIN L JONES	SIGNATURE OF COMMANDING OFFICER CWO3 KEVIN L JONES	DATE 20170226
--	---	------------------

ADJUSTMENTS

<input type="checkbox"/> ADVANCE PAY	PAY _____ MONTHS ADVANCE PAY INCIDENT TO PCS ORDERS. (AUTHORIZATION)
	REPAYMENT IN _____ MONTHS
<input type="checkbox"/> ADVANCE PAY AND ALLOWANCES	PAY _____ MONTHS ADVANCE AND ALLOWANCES FOR ASSIGNMENT TO A REMOTE LOCATION DEPLOYED ABOARD SHIP FOR MORE THAN 30 DAYS PURSUANT TO DODPM, PAR 40102.
<input type="checkbox"/> ADVANCE HOUSING ALLOWANCES	PAY _____ MONTHS ADVANCE HOUSING ALLOWANCE
	REPAYMENT IN _____ MONTHS
<input checked="" type="checkbox"/> OTHER	REQ III MEF DISBURSING TO PAY AS SPECIAL PAYMENT MBR IS REQ 3RD ARRV TLA. MBR IS ON 36 MOS ACC TOUR. SOURCE DOCS ATTACHED. POC IS LCPL ROSALES IPAC/TLA 645-7728.
<input type="checkbox"/> UNIT DIARY	

Admin Transaction Information
Number Date TTC SEQ Reported...

Disbursing Transaction Information
Number Date TTC SEQ Reported...

<input type="checkbox"/> PAYMENTS	PR#	Date	Amount
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ENCLOSURE (1)

CW03 KEVIN L. JONES - 46124 [MOL Home](#) [Switch Identity](#) [Logout](#) | [Help](#)[DTMS Home](#) [Document Search](#) [New Document](#) [Reports](#) [Tools](#)

Online Transaction Processing

Document View

Document ID: 5141078

EDIPI: 1251670966

SSN: 0260452736

TYSON, SHARONDA L.

Online Transaction Summary

TTC	SEQ	Type	Date Created	Date Ran	Status	Result	Preparer	Certifier
584	001	Normal	2017/02/26	2017/02/27	Completed		FOR YOSHIE INAMINE	1STLT TIMOTHY J. KIMBROW

Showing 1 to 1 of 1 entries

[Delete](#)[Certify](#)[Cancel](#)Previous Next

Online Transaction Detail

TTC: 584 SEQ: 001 TYPE: Normal

DEP CODE: W
LOCN CODE: JP027
DATE: 20170131
AMOUNT: 287.50
ED: 20170209**History:**DTMS DOCID# 5141078
3RD/ARR TLA W 2 DEPNS WO C/F 1ST VISIT HOUSING 20170113,
APPROVED OHA 20170120, FOUND AND ACCEPTED 20170130, MOVE IN
OHA 20170217, WITH TLA DATA SHEET.[Add](#)[Find](#)[Save](#)[Cancel](#)

ENCLOSURE (7)

9.2.2

iad-p2s-02

05 Apr 2017 @ 1825

5141078

TEMPORARY LODGING ALLOWANCE REQUEST FORM

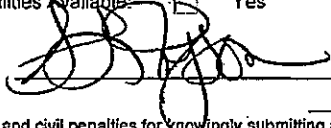
1. SERVICE MEMBER IDENTIFICATION:

Name: TYSON SHARONDA L Rank: GYSGT SSN: 260-45-2736
Last, First, MI
 Unit: H&S BN 3D MARDIV RUC: _____ Work Phone #: 080-4184-8219
 Arrival Date: Jan 11, 2017 RTD: Jan 10, 2020 Flight Date (dep only): _____
 Type of Tour: (check one) ☐ Unaccompanied ☒ Accompanied ☐ Tour Conversion

Applicable Personnel: Spouse YES Arrival Date Jan 11, 2017 Children's dates of birth:
 Number of Children 01 Arrival Date Jan 11, 2017 20141015
 TLA Request for ☒ MBR + DEPNS ☐ MBR Only ☐ Depns Only

Does member have an Active Duty Spouse? (check one) ☐ Yes ☒ No
 Name: _____ Rank: _____ SSN: _____
Last, First, MI
 Unit: _____ RUC: _____ Work Phone #: _____
 Branch of Service (check one): ☐ USMC ☐ USN ☐ USAF ☐ USA

2. TLA REQUEST DATA / MEMBER'S CERTIFICATION:

Type (check one): ☒ Arrival ☐ Departure ☐ Renovation ☐ Other
 History: TLA Began Jan 11, 2017 Claim #: 3RD ARRV
(Date)
 Current Periods/Dates: From: Jan 31, 2017 To: Feb 9, 2017 No. of Days 10
(Below applies to TAD and leave)
 TAD Periods: From: _____ To: _____ Funded or Permissive;
 Leave Periods: From: _____ To: _____ On-Island or Off Island
 HSG Referral Registration Date: Jan 13, 2017 HSG Referral Application Date: _____
 Adequate cooking Facilities Available: ☐ Yes ☒ No
 Member's Signature:  Date: FEB 22, 2017

PENALTY STATEMENT:

There are severe criminal and civil penalties for knowingly submitting a false, fictitious, or fraudulent claim (U. S. Code, Title 18, Section 287 and 1001 and Title 31, Section 3729) I certify that I have read, understand and adhered to the policy as set forth in III MEF/MCIPACO 7220.1 The above information is accurate and reflects my attempt to obtain adequate housing.

3. UNIT CERTIFICATION:

COMRATS/BAS Start Date: _____ BAQ W/O Dependents Start Date: _____
 Effective Date of Lease: _____ Gov't QTRS Start/Stop Date: _____
 TLA Overlap Dates: From: _____ To: _____ No. of Days: _____
 COLA Start Date: _____ COLA Stop Date: _____
 OHA Start Date: _____ OHA Stop Date: _____

I have reviewed this TLA request and all supporting documentation is attached. I have counseled the member regarding any claim shortfalls and necessary corrective measures.

Commander's/Designee's Signature: K. L. JONES, CWO3, OIC, PERSON, USMC Date: FEB 22, 2017
(Type/Print Name, Rank)

ENCLOSURE (17)

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 5701, 37 USC 404-427, and EO 9397

PRINCIPAL PURPOSES: Used for reviewing, approving, accounting, and disbursing for official temporary living allowances. SSN is used to maintain a numerical identification system for individual claims.

ROUTINE USES: To substantiate claims for reimbursement for temporary lodging allowances.

DISCLOSURE: Voluntary; however, failure to furnish information requested may result in total or partial denial of amount claimed.

SUBMISSION INSTRUCTIONS

ARRIVAL:

Submit the following documents with your TLA request form:

- a. Completed Record of Housing Search Form (all claims).
- b. Copy of lodging receipts (all claims).
- c. Statement of nonavailability of government operated temporary lodging facilities (if applicable).
- d. Copy of local economy lease or housing agency reservation form (if applicable).
- e. Justification for TLA extension request (if applicable).

DEPARTURE:

Submit the following documents with your TLA request form:

- a. Copy of lodging receipts (all claims).
- b. Statement of nonavailability of government operated temporary lodging facility (if applicable).
- c. AF Form 594 (Assignment/Dispossession of Government Quarters) (if applicable).
- d. Justification for TLA extension request (if applicable).

Remarks:

"I WILL UPDATE MY BIR/RED VIA MOL"

SIGNATURE: 

DATE: 26 January 2017

ENCLOSURE (17)

APPENDIX C

MEMORANDUM FOR THE RECORD - ACKNOWLEDGEMENT OF TLA ENTITLEMENT CONDITIONS

I hereby acknowledge that I have been advised of and read the below conditions with regard to the entitlement to Temporary Lodging Allowance (TLA). I understand that it is my responsibility to reduce the amount of TLA required by completing all the directions listed in this order (III MEF/MCIPACO 7220.1)

a. When Payable: TLA is an earned entitlement used to partially reimburse temporary lodging expenses, payable only when I meet the criteria established by this Order.

b. When Not Payable: TLA will not be paid if at any time my situation can be described by one of the following categories:

(1) No Real Need: If at any time I cannot provide appropriate substantiating documents proving there was a need for me and/or my family members to reside in a TLF.

(2) Diligence: If at any time I cannot provide appropriate substantiating documents proving the delay of establishing/terminating a household was not under my control.

(3) Personal Preference: If at any time I decline a suitable housing offer because I dislike the appearance, size, location, acceptance of pets or any other item based on personal preference.

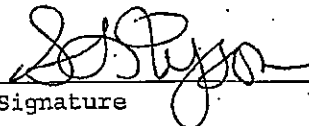
c. Extensions of TLA: I understand that I must submit for TLA extension as soon as I am aware of a need for one (see Chapter 1 of this Order).

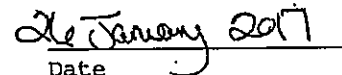
d. My Responsibilities: I understand that I must do the following:

(1) Register with the Housing Office within two (2) working days upon arrival.

(2) If on base quarters are not available, aggressively seek housing on local economy with assistance from Housing Office by physically visiting housing agencies/dwellings. Reasons for denying housing, such as "too small, too far, too old, or too expensive" must be explained in detail; see Appendix D.

(3) Submit TLA reimbursement request within three working days after each 10- day period.


Signature


Date

TEMPORARY LODGING ALLOWANCE (TLA) DATA SHEET

FOR THE PERIOD OF 20170121/20170216 TLA CLAIM # 2ND/3RD/4F

In order to be processed for TLA and maintain an entitlement for continued TLA, you must maintain a housing search record. Every address/agency must be annotated with justification regarding reason for refusal. You are required to check all addresses that are within your rental ceiling. If requirements are not being met and an aggressive search is not maintained, TLA will be terminated.

NAME: Sharonda L. Tyson
 DUTY PHONE: 680-4184-8219
 ORGANIZATION: MCI-PAC
 DATE ARRIVED: 11 January 2017
 DATE ATTENDED HOUSING BRIEF: 13 January 2017
 COUNSELOR'S NAME: Mrs. YUKO

I, Sharonda L. Tyson, located housing on 30 Jan 17 and accepted on 30 Jan 17. I will move to on-base off-base quarters at 2753-282 Zakimi Yomitan on 17 Feb 17.

(CIRCLE ONE)

ADDRESS

The first available date for delivery of government furnishings is 16 Feb 17. TLA will stop on the date government furniture is available for delivery, provided the housing unit is ready for occupancy.


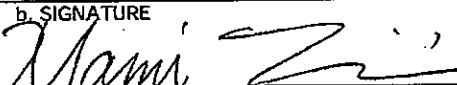

DATE OF VISIT	ADDRESS	AGENCY NAME & HAND STAMP	REASON NOT ACCEPTED
1/23/17	4444 NAKA House	AMERICAN	OVER OHA CAP \$245,000
1/26/17	1218-3 Kaja Okinawa - City	AMERICAN	5th IN LEASING
1/31/17	3-33-35 Minami tobaru OK	AMERICAN	14th IN LEASING
1/24/17	88-8 Nohermesta Nagojshew	AMERICAN	3RD IN LEASING
1/27/17	Araki House 2-11-8 Kaino City	AMERICAN	2nd IN LEASING
1/27/17	816-8 Kameichi Uruma City	AMERICAN	5th IN LEASING
1/27/17	274 Uza Yomitan	AMERICAN	2nd in leasing
1/25/17	Liebe House	AMERICAN	1st in Leasing
1/30/17	76-2 Kijye Yomitan	AMERICAN	20 in Leasing
1/30/17	1395-117 Sora Yomitan	AMERICAN	14th in leasing
1/30/17	2753-282 Zakimi Yomitan	AMERICAN	TO ACCEPTED
2/2/17	88 sora yomitan	AMERICAN	5th in Leasing
2/2/17	Star River, yamauchi Okinawa	AMERICAN	2nd in Leasing
1/27/17	2717-38 Zakami Yomitan	AMERICAN	3RD in leasing
1/24/17	3-21-2 JS. Gironen City	AMERICAN	3RD in leasing

Penalty Statement

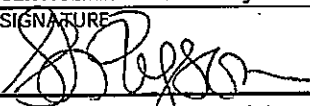
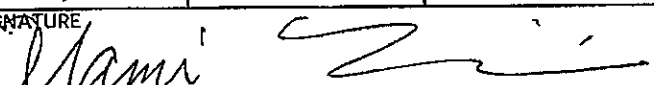
There are severe criminal penalties for knowingly submitting a false, fictitious, or fraudulent claim (U.S. Code, Title 18, Section 287 and 1001 Title 31, Section 3729. I certify that I have read, understand and adhere to the policy as set forth in III MEF/MCIPACO 7220.1A. The above information is accurate and reflects my attempt to obtain adequate housing.

MEMBER'S SIGNATURE: [Signature] DATE: 13 Feb 2017
 HOUSING REPRESENTATIVE SIGNATURE: [Signature] DATE: 13 Feb 2017

ENCLOSURE (1)

INDIVIDUAL OVERSEAS HOUSING ALLOWANCE (OHA) REPORT				INTERAGENCY REPORT CONTROL NUMBER 0374-DOD-AR	
<i>Before completing, read Privacy Act Statement and Warning on reverse side.</i>				REPORT CONTROL SYMBOL DD-P&R(AR)1697	
PART A - IDENTIFICATION AND HOUSING INFORMATION					
1. SERVICEMEMBER			3. SERVICEMEMBER'S RESIDENCE ADDRESS (Street, Apt. No., City, Country)		
a. NAME (Last, First, Middle Initial) TYSON, SHARONDA L.			SEA LAKE G-8 2753-282 ZAKIMI, YOMITAN		
b. PAY GRADE E-7 / MC		c. SSN 260-45-2736		4. EFFECTIVE DATE OF LEASE/RENTAL/SALE AGREEMENT (YYYYMMDD) 2017/2/17 (PASS INSP: 2015/3/26)	
d. DUTY STATION OR HOMEPORT			5. IN WHAT CURRENCY IS YOUR RENT OR MORTGAGE PAID? (X one) (See instructions on reverse side if you pay rent three or more months in advance.)		
(1) Station Name 3RD MARINE DIVISION / CAMP FOSTER			<input checked="" type="checkbox"/> a. LOCAL CURRENCY (Specify name of currency. Report amount in item 6.)		
(2) City OKINAWA			b. U.S. DOLLARS <input type="checkbox"/> YEN <input type="checkbox"/>		
(3) Country JAPAN		(4) Duty Phone 645-3990		6. X THE APPROPRIATE BOX TO INDICATE WHETHER YOUR RESIDENCE IS LEASED OR OWNED AND GIVE THE MONTHLY RENTAL AMOUNT OR THE PURCHASE PRICE IN THE CURRENCY YOU SPECIFIED IN QUESTION 5.	
2. ARE YOU ENTITLED TO A COST-OF-LIVING OR OVERSEAS HOUSING ALLOWANCE FOR DEPENDENTS RESIDING ELSEWHERE? (X one)			<input checked="" type="checkbox"/> a. LEASED/RENTED (Enter monthly rent below. If sharing, report TOTAL rent, not your share.) ¥ 230,000		
<input type="checkbox"/> YES (Specify location)			b. OWNED (Enter original purchase price. Include only cost of home, EXCLUDE closing costs, taxes, etc.)		
<input checked="" type="checkbox"/> NO or NOT APPLICABLE					
HOMEOWNERS, SKIP QUESTION 7 AND GO DIRECTLY TO QUESTION 8.					
7. UTILITIES (Excluding telephone) (X appropriate block)			8. TO DETERMINE IF YOU ARE A "SHARER" FOR HOUSING ALLOWANCE PURPOSES, ENTER AN X IN THE BOX AT LEFT FOR EACH CATEGORY OF INDIVIDUAL OCCUPYING YOUR RESIDENCE. FOR EACH CATEGORY YOU X, ENTER THE NUMBER REQUESTED IN THE BOX AT RIGHT, THEN RECORD THE TOTAL IN THE BOX AT THE BOTTOM. (NOTE: Do not count dependents unless covered by category c.)		
<input checked="" type="checkbox"/> a. I SEPARATELY PAY FOR ALL UTILITIES. NONE ARE INCLUDED IN RENTAL/LEASE AGREEMENT WITH LANDLORD.			<input checked="" type="checkbox"/> a. MYSELF 1		
<input type="checkbox"/> b. I DO NOT SEPARATELY PAY FOR ANY UTILITIES (excluding telephone). ALL UTILITIES ARE INCLUDED IN RENTAL/LEASE AGREEMENT AND PAID BY LANDLORD.			<input type="checkbox"/> b. SPOUSE WHO IS ALSO A SERVICEMEMBER (Enter "1")		
<input type="checkbox"/> c. I SEPARATELY PAY FOR SOME UTILITIES (excluding telephone) AND SOME ARE INCLUDED IN RENTAL/LEASE AGREEMENT WITH LANDLORD. (Complete items (1) - (5) below indicating utilities/services of which your landlord provides the MAJORITY.)			<input type="checkbox"/> c. SPOUSE OR OTHER DEPENDENT WHO IS A FEDERAL CIVILIAN EMPLOYEE ENTITLED TO LIVING QUARTERS ALLOWANCE (Enter number)		
(1) Electricity			<input type="checkbox"/> d. OTHER SERVICEMEMBERS ENTITLED TO A HOUSING ALLOWANCE (Enter number)		
(2) Heating GAS			<input type="checkbox"/> e. EXCLUDING DEPENDENTS, ANY OTHERS NOT COVERED ABOVE WHO PAY A PORTION OF THE RENT, MORTGAGE, AND/OR UTILITIES (Enter number)		
(3) Air conditioning (X if window units used and landlord provides electricity.)					
(4) Water or Sewer			TOTAL (8a through e) (If result exceeds "1", you are considered a "sharer".)		
(5) Trash Disposal			1		
9. If Block 8.b. or 8.d. is marked, report their full name(s), Social Security Number(s) and Branch of Service in "Remarks" on reverse.					
PART B - CERTIFICATIONS					
10. SERVICEMEMBER. I certify that:			11. HOUSING OFFICER or APPROPRIATE OFFICIAL.		
a. The information I have reported is true and correct.			I have reviewed and verified the member's lease/rental/sale agreement and information from it was properly reported.		
b. I will immediately inform my commanding officer if any changes occur to the information I have reported.			a. MIHA/MISCELLANEOUS PAYMENT AUTHORIZED? (X one)		
c. The attached copy of my housing lease/rental/sale agreement (or certification from landlord) is true and correct, if applicable.			<input checked="" type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No		
d. I have read the overseas housing allowance briefing sheet provided by my commander or authorized representative, if applicable.			If Yes, entitlement is: <input checked="" type="checkbox"/> (a) Initial <input type="checkbox"/> (b) Subsequent		
e. SIGNATURE 		f. DATE SIGNED (YYYYMMDD) 2017-Feb-10		b. SIGNATURE 	
				c. DATE SIGNED (YYYYMMDD) 2017-Feb-10	
				d. TITLE HOUSING CLERK BWT1-4, MAMI TOMIMORI	
12. CERTIFYING OFFICIAL. I have reviewed this action and certify the entitlement. If applicable to this action, member has read the overseas housing allowance briefing sheet and is aware of his/her entitlements and responsibility to report any changes.					
a. TYPE HOUSING ALLOWANCE ACTION (X one)			b. MIHA/MISCELLANEOUS ENTITLEMENT (X one)		
<input checked="" type="checkbox"/> (1) Start <input type="checkbox"/> (3) Stop <input type="checkbox"/> (5) *Cancel			<input checked="" type="checkbox"/> (1) Initial <input type="checkbox"/> (2) Subsequent <input type="checkbox"/> (3) None		
<input type="checkbox"/> (2) Change <input type="checkbox"/> (4) Correct <input type="checkbox"/> (6) *Report			c. EFFECTIVE DATE OF ACTION (YYYYMMDD)		
*For Air Force use only					
d. DOES MEMBER HAVE COMMAND-SPONSORED DEPENDENTS IN AREA OF PERMANENT DUTY STATION? <input checked="" type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No					
e. SIGNATURE 		f. TITLE Persu		g. DATE SIGNED (YYYYMMDD) 20170222	

ENCLOSURE (1)

MOVE-IN HOUSING ALLOWANCE CLAIM FOR PERSONNEL OCCUPYING PRIVATELY LEASED/OWNED QUARTERS OVERSEAS <i>(Read Warning, Privacy Act Statement, and Instructions on reverse before completion)</i>		INTERAGENCY REPORT CONTROL NUMBER 0370-DOD-AR REPORT CONTROL SYMBOL DD-P&R(AR)1834	
PART A - SERVICEMEMBER IDENTIFICATION AND RESIDENCE INFORMATION			
1. NAME (Last, First, Middle Initial) TYSON, SHARONDA L.		2. GRADE E-7 / MC	3. SOCIAL SECURITY NUMBER 260-45-2736
4. DUTY LOCATION OR HOMEPORT		5. RESIDENCE ADDRESS (Street, Apt. No., City, Country)	
a. STATION NAME 3RD MARINE DIVISION / FOSTER		SEA LAKE G-8 2753-282 ZAKIMI, YOMITAN	
c. CITY OKINAWA	d. COUNTRY JAPAN	e. DUTY TELEPHONE NO. 645-3990	
PARTS B - C - EXPENSES ASSOCIATED WITH OCCUPYING RENTED/OWNED QUARTERS			
a. EXPENSE ITEMS <i>(List all expense items in Parts B and C below. Enter "None" if appropriate. If a sharer, only one sharer may report an expense item. Report all amounts in dollars and cents. Refer to Instructions and Appendix N, JFTR, to determine what can and cannot be reported.)</i>		b. AMOUNT CLAIMED <i>(If payment made in foreign currency, convert to dollars at actual conversion rate.)</i>	c. AMOUNT ALLOWED <i>(If certifier excludes any amount, provide explanation on separate sheet.) (Official Use)</i>
PART B - RENT-RELATED EXPENSES (Not applicable to homeowners)			
AGENCY FEE ¥ 115,000 PAID ON 2017/2/2 YEN RATE IS ¥ 111		\$1,036.04	\$1,036.04
6. PART B SUBTOTAL (Official Use) →		\$1,036.04	
PART C - SECURITY-RELATED EXPENSES (Allowed only in selected areas. See Appendix N.)			
7. PART C SUBTOTAL (Official Use) →		\$0.00	
PART D - REIMBURSEMENT TO MEMBER (Official use only. Servicemember - skip to Part E.)			
8. AMOUNT FROM LINE 6		\$1,036.04	
9. AMOUNT FROM LINE 7		\$0.00	
10. AMOUNT DUE MEMBER (Sum of Lines 8 and 9)		\$1,036.04	
PART E - CERTIFICATIONS			
11. SERVICEMEMBER. I certify that the information reported in Parts A - C is true and correct.			
a. SIGNATURE 		b. DATE SIGNED (YYYYMMDD) 2017/2/10	
12. HOUSING OFFICER OR DESIGNATED AUTHORIZING/APPROVING OFFICIAL. I have reviewed this claim and certify that information was properly reported. I have entered monthly rent (in dollars using Part B conversion rate, if appropriate) and total sharers from member's DD Form 2367. (If homeowner, report "rent" as original purchase price divided by 120.)			
a. RENT ¥ 230,000	b. TOTAL SHARERS 1	c. TITLE HOUSING CLERK BWT1-4, MAMI TOMIMORI	
d. SIGNATURE 		e. DATE SIGNED (YYYYMMDD) 2017/2/10	

ENCLOSURE (7)



DEPARTMENT OF THE AIR FORCE
PACIFIC AIR FORCES

MEMORANDUM FOR RESIDE OFF BASE (INBOUND)

DATE: 20-Jan-2017

Category: SR3

You have been authorized to reside off-base based on the following reason:

☐ Above 98% Occupancy Rate ☐ Delayed Dependent Travel ☐ BFMP

☒ OTHER: PER MANAGEMENT AUTHORIZATION

NAME: TYSON, SHARONDA L. RANK: E7 SERVICE: US MARINES

The occupancy rate is: — % / — % Date 11-Jan-2017 CBH Verification —
Primary Secondary Arrival (Staff Initials)

Member must secure off base housing within the allowable days of authorized TLA. TLA can be terminated if adequate off base housing is declined.

Member Signature

ak [signature]
Housing Manager

Date 20 January 2017

CHAIN OF COMMAND ENDORSEMENT: (O-5 or above endorsement required)

Please check one: ☒ Approved ☐ Disapproved

NAME: [REDACTED] RANK: [REDACTED] DATE: 20170123

DUTY POSITION: XO

SIGNATURE: [REDACTED]

This memo may contain Personal Data which must be protected IAW DoD 5400.11R and is for Official Use Only. Privacy Act of 1974 Applies (5 USC 552a)

ENCLOSURE (1)

CWO3 KEVIN L. JONES - 46124 [MOL Home](#) [Switch Identity](#) [Lo](#)[DTMS Home](#) [Document Search](#) [New Document](#) [Reports](#) [Tools](#)DD1351-2 Routing/Misc.
Functions

- [View Parent](#)
- [Associate\(d\) Documents \(1\)](#)
- [Generate PDF](#)
- [View History](#)
- [Attachments \(4\)](#)
- [View MCSOR Document](#)
- [Online Transactions](#)
- [Return to Search](#)

DD1351-2: Travel Voucher or Subvoucher

Associated Documents:

[TYSON, SHARONDA L. - Transaction Document \(Final Join Audit\) - Created: 20170223 - Link Description: Final Join Transactions](#)

Document ID: 5105457 PCS Travel

SECTION A

Name: TYSON, SHARONDA L Grade: E7 EDIPI: 1251670966 SSN: 0260452736
Current Address: 3405 SISTINA WAY UNIT 3 OCEANSIDE, CA 920560000
E-mail Address: SHARONDA.L.TYSON@USMC.MIL
Daytime Telephone Number: 858-577-5201
SDN: M7000217CTB32MP SDN Move Type: ROTATIONAL
Organization and Station:
Payment Method: Electronic Fund Transfer Type Of Payment: PCS DLA Member/Employee Dependents
Split Disbursement:
Government Advance Payments:

Amount	DOV	Date Paid
--------	-----	-----------

Join Date:

DEPENDENTS

Dependents' Address on Receipt of Orders:

Member has Dependents.

Dependents are being accompanied.

Household goods have NOT been shipped.

Name	Relationship	Date of Birth or Marriage
DONYAE R. TYSON	SPOUSE	19790308
TYBERIUS N. TYSON	LEGITIMATE SON	20141015

EXPENSES

There are no Reimbursable Expense records.

GOVERNMENT/DEDUCTIBLE MEALS

There are no Gov/Deductible Meal records.

ITINERARY

There are no Itinerary records.

ELAPSED TIME

There are no Elapsed Time records.

REMARKS

There are no Remarks.

WinIATS DOV Information:

ENCLOSURE (18)

4/6/2017

Personal Data - Privacy Act of 1974 - Handle with care Page No: 1

RELEASE 6.19.0 Travel Voucher Summary Block: 1702160004

DO Voucher No. 802680

13001

Name: SHARONDA L TYSON Paid By

UNIT 35940

FPO AP 96382 DSSN 6160

III MEF DISBURSING

CAMP FOSTER, OKINAWA, JAPAN

Paid 02/23/17

Start Date: 01/05/17 End Date: 01/11/17

Detach Date: 02/13/17 Report Date: 03/15/17 FPO AP 96604-8408

SSN: XXXXX2736 T/O : M7000217CTB32MP

Travel Type: PCS Grade/Rank: E7 Prepared: 2/16/2017

Advances/Prior Payments: 6270.66

Supplemental Voucher

Memb/Emp PCS Per Diem 218.50

Memb/Emp Transportation 1053.65

Memb/Emp MALT 21.42

Dep. Per Diem 273.13

Dep. Transportation 2107.30

DLA 2596.66

TLE 547.04

Total Entitlement 6817.70

Less Partial Payments 6270.66

Total Charged to Acct. Class ... 547.04

Less Travel Advances 0.00

Total Amount Payable 547.04

Split Payment 41.53

Due Employee 505.51

Remarks

MBR REQUEST FOR SUPPLEMENTAL FOR VPC AND TLE. TLE WAS PAID. HOWEVER VPC WAS NOT PAID DUE TO MBR DROVE LOOP TRAVEL FROM SAN DIEGO TO SAN DIEGO. MBR HAS \$41.53 CITIBANK BALANCE. POSSIBLE AMOUNT TO BE PUT SPLIT PAYMENT IS \$41.53. N.A.

Accounting Summary IBOP Code: US

012901 AA 17 7 1106 2750 0021 41690 067443 2D 074131 000260452736

M7000217CTB32MP 547.04

Who had claim: NF1, NA, NA, DFA, DFA, NA, DFA, MRB

Examiner: NA Auditor: DFA Method of Pay: EFT for 547.04

Personal Data - Privacy Act of 1974 - Handle with care Page No: 2

RELEASE 6.19.0 Travel Voucher Summary Block: 1702160004

SSN: XXXXX2736 TONO: M7000217CTB32MP

Local Day Ldg M&IE Ldg

Date Type Rate Rate Br Ln Dn Lodg Break Lunch Dinner Incl Amount Tax

01/09 FP 0.00 0.00 CM CM CM 0.00 0.00 0.00 0.00 0.00 142.00 0.00

Dependents 177.50

01/11 LDP 160.00 102.00 CM CM CM 0.00 reimbursed mie = 76.50 76.50 0.00

Dependents 95.63

0.00 491.63 0.00

Temporary Lodging Entitlement

Date DY Loc Emp # Deps Rate Lodging M&IE CompTLE MaxTLE

1/8/2017 1 CCAORA E 2 239.00 193.52 80.00 273.52 290.00

1/9/2017 2 CCAORA E 2 239.00 193.52 80.00 273.52 290.00

Total 547.04

Step 1 = # of eligible persons occupying temporary lodgings as a % as follows:

Member or 1 Dependent = 65%

Member and 1 Dependent, or 2 dependents only = 100%

For each additional dependent 12 or older add 35 %

For each additional dependent under 12 add 25 %

For each day compare CompTLE against the Max. Daily TLE authorized and pay the least

Elapsed Time

FROM DATE TO DATE CATEGORY

Detach 01/09/20

01/09/20 01/10/20 TR 2

Report 01/11/20 MC

Approved Reimbursable Expenses

Date Description Amount

01/10/17 AIRFARE 1053.65

01/10/17 AIRFARE 2107.30

ENCLOSURE (18)

4/6/2017

ENCLOSURE (18)

IMG_1754.PNG

Open with CloudConvert

IN REPLY REFER TO:
4400
LOGDNO/LP
12DEC2016

From: Director, Traffic Management Office, MCAS Miramar CA 92145

To: GYSGT TYSON SHARONDA XXX-KX-2736/USMC

Subj: AUTHORIZATION FOR SELF PROCURED STORAGE OF PRIVATELY OWNED
VEHICLE (POV) WHEN ASSIGNED TO RESTRICTED OVERSEAS DUTY STATION

Ref: (a) USMC WEB ORDERS DATED 12DEC2016, M7000217CTH32MF
(b) JFTR US464
(c) STORING YOUR POV PEAMPHLET located at
www.wherisaypov.com

1. In conjunction with references (a) and (b), you are authorized storage of one POV, 2015 MINICOOPER SCOUNTRYMAN VIN #MMW2C3C54FWT03972 If you chose not to use the Government's Vehicle Processing Center (VPC) SAN DIEGO Located in Santee, Ca. to process and store this vehicle; you may obtain self-procured storage of the POV listed on this letter.

2. You may store one POV at your expense and file a travel claim on DD-1351-2 for reimbursement of these private storage charges not to exceed the government's storage rate at the SAN DIEGO VPC of \$174.00. You may file your claim for reimbursement on a quarterly, semi-annual, or annual basis; or upon completion of your overseas tour. Submit your claim for reimbursement with a copy of your storage contract, paid receipts, official orders and vehicle registration to Transportation Voucher Certification Branch, ATTN: POV Storage, 914 Radford Blvd., Suite 20318, Albany GA 31704-0318.

3. Once your POV is placed into storage under the orders in reference (a), either by self-procurement or through the Los Angeles VPC, this POV cannot be removed from storage for use while on leave or TAD/TDY in CONUS under the same PCS orders. The only exceptions for removal prior to issuance of new PCS orders is if the self-procured storage facility closes or is damaged and that damage could cause damage to this vehicle.

Randy L B.
A. KAYS
TR FOR TO

1 of 1



ENCLOSURE (18)

A-1 Car Storage
Month to Month Rental Agreement
2235 Pacific Highway San Diego, CA 92101
619-696-6616 email: a1pacifichighway@a1storage.com

OPEN: Mon-Fri 9:00 a.m. – 6:00 p.m.
Sat-Sun 9:00 a.m. – 5:00 p.m.
CLOSED ALL MAJOR HOLIDAYS

Unit Number 4024

Name Sharonda L. Tyson ("Customer") Phone 760-213-4421

Address 2325 Ainger Place SE.

City Washington, DC. State DC Zip 20020

Email: MovingJustEnough@gmail.com Cell Phone 760-213-4367

Vehicle: Make MINI Model Copper Countryman Year 2015 Color White

Lic. Plate No. 7NMB468 Date put in storage 01/08/2017 Estimated Removal Date 1/1/

Emergency Contact Information:

Name Sherry L. Taylor Phone 202-210-3748 Email LuckyforU.ST@gmail.com

1. Customer will pay \$ 195.00 per month. First month's storage rent is payable the day the rental contract is signed, which will then be the anniversary date and the monthly due date for future rental payments. The storage rate may not be increased during the period of this contract except upon notification to Customer in writing, which notice shall be mailed to the address provided by Customer within this contract at least 30 days prior to any such increase.

2. Daily storage is 10% of the monthly rate not to exceed monthly storage rate of Customer's automobile. Customer authorizes A-1 Car Storage to drive Customer's vehicle on, to and from storage areas utilized by it and store Customer's vehicle at areas of its discretion.

3. Customer will notify A-1 Car Storage not less than 72 hours before Customer wishes to take his/her vehicle from storage. Taking the vehicle out of storage for any reason will result in a \$30 de-storage fee added to the next month's rent or, in the case of vehicles being removed at the conclusion of the lease, added to the final invoice. If Customer requests vehicle be removed from storage upon less than 72 hours notice, the de-storage fee shall be increased to \$50.

4. A late charge of 10% of rent and other charges/fees will be assessed against Customer 10 days after any unpaid rent or charges/fees are due. A fee of \$50.00 will be charged for every returned check.

5. Battery charge, fuel and all other fluids and oil, if necessary, will be charged to Customer at A-1 Car Storage's cost plus staff time at the rate of \$30 per hour, minimum one (1) hour charge per service. If Customer requests that personal belongings be retrieved from vehicle, a fee of \$10.00 will be charged.

6. Vehicle Insurance: Customer agrees to maintain, at Customer's sole expense, a policy of comprehensive physical damage coverage for the full value of Customer's vehicle. Such insurance shall be primary for any loss of or damage to Customer's vehicle. Insurance on Customer's vehicle is a material condition of this agreement and is for the benefit of both the Customer and Owner. Failure to carry the required insurance is a breach of this agreement and Customer assumes all risk of loss to the vehicle that would be covered by such insurance. Customer expressly agrees that the insurance company providing such insurance shall not be subrogated to any claim of Customer against Owner, Owner's agents or employees for loss of or damage to any vehicle.

Initials ST

ENCLOSURE(18)

Customer understands and agrees that A-1 Car Storage is only liable for loss of or damage to the vehicle caused by the willful and negligent acts of its employees. A-1 Car Storage carries insurance to cover such risks. Customer understands that A-1 Car Storage carries insurance with limits not in excess of \$15,000 per stored vehicle, and that A-1 Car Storage's responsibility for loss or damage to Customer's vehicle shall be subject to such limits as well as other exclusions of its insurance coverage. A-1 Car Storage is not liable for any loss of or damage to any personal property or after-market electronics left in the vehicle. Customer understands that only factory installed equipment is included in the protection of A-1 Car Storage's insurance. A-1 Car Storage is also not liable for any physical, structural, or mechanical defects or damage to the vehicle, or the failure of any part of the vehicle to properly function, regardless of when such defects or problems arise. Any vehicle insurance carried by Customer shall be primary for any loss of or damage to the stored vehicle and claim must be made under that policy before A-1 Car Storage shall have any liability.

7. If any part of the rent or other charges due from Customer remains unpaid for 14 consecutive days, A-1 Car Storage may terminate this agreement by sending a written notice to customer's billing address. Customer must notify A-1 Car Storage in writing if Customer wishes to receive notice at a different address.

8. Customer grants A-1 Car Storage a lien on the stored vehicle for rent, fees and other charges. The lien shall be enforced pursuant to California Department of Motor Vehicle procedures then in effect for the sale of vehicles pursuant to Civil Code Section 3071. If A-1 Car Storage is forced to conduct a lien sale on Customer's vehicle because of unpaid amounts due, an additional charge of \$500 will be billed to Customer upon the sale.

9. Customer understands A-1 Car Storage is not responsible for personal effects or belongings left in the vehicle.

10. Are there any mechanical defects? Yes ☐ No ☒ If yes, describe below.

11. Do you, Customer, have a lien on this vehicle? Yes ☒ No ☐ If yes, with whom? BMW Financial

12. OPTIONS: Detailing ☐ Vehicle Wash ☐ Monthly start up ☒ Tire pressure check ☐

Total Cost of Options: \$0 -. This amount will be added to the monthly storage rent.

NOTE: PROVIDERS OF WASHING AND DETAILING SERVICES ARE INDEPENDENT FROM A-1 CAR STORAGE. A-1 CAR STORAGE SHALL NOT BE RESPONSIBLE FOR THE QUALITY OF WORK BY SUCH SERVICE PROVIDERS, NOR SHALL A-1 CAR STORAGE BE RESPONSIBLE FOR ANY DAMAGE OR LOSS CAUSED BY SUCH SERVICE PROVIDERS REGARDLESS HOW CAUSED.

13. UPON MOVE-OUT OF CUSTOMER'S VEHICLE ONLY CASH OR CREDIT CARD WILL BE ACCEPTED.

14. Customer or Customer's agent and A-1 Car Storage have inspected the stored vehicle on the date it is stored at A-1 Car Storage and have described its condition in the Vehicle Inspection Form which is attached to and made part of this agreement. Customer and A-1 Car Storage agree that they are bound by the description of vehicle's condition described in the Vehicle Inspection Form last executed by the parties.

I, Customer, have read and understood the above and agree to its terms.

Signed

(Customer)

Dated

January 8, 2017

Signed

(Agent - A-1 Car Storage)

Dated

1-8-17

ENCLOSURE (18)



RULES AND REGULATIONS

1. ACCESS HOURS ARE 6:00 AM TO 10:00 PM SEVEN DAYS A WEEK. You must be completely off the grounds by 10:00 pm. The gates "lock down" at 10:00 pm and tenants on the grounds after that will not be able to exit via the main gate. For everyone's protection and the security of the property, Tenants on the grounds before or after those hours will be considered trespassing and will be evicted. The landlord is not responsible for releasing any vehicle that is on the grounds after posted hours.

2. THERE IS NO STORAGE OF HAZARDOUS MATERIALS OR FLAMMABLES. Paint, gasoline, solvents, chemicals, etc. are not permitted on the grounds.

3. THERE IS NO SMOKING ANYWHERE ON THE GROUNDS.

4. ITEMS IN YOUR UNIT MAY NOT BE STACKED WITHIN 18" OF THE FIRE SPRINKLER HEADS AND ITEMS (INCLUDING CLOTHES) CANNOT BE HUNG FROM THE SPRINKLER PIPES.

5. THERE IS NO STORAGE OF FOOD, PERISHABLE ITEMS OR LIVE ANIMALS.

6. ALCOHOLIC BEVERAGES ARE NOT PERMITTED ON THE GROUNDS.

7. SECURITY. Your unit contains a door alarm. If you fail to enter your code at the gate/entry door the door alarm will be activated. Under some limited circumstances police may be notified based on a door alarm. The door alarm is not a burglar alarm but is merely intended to maintain a record of door activity on your unit. To insure the proper operation of door alarms it is important that you enter your gate code every time you enter or exit the grounds.

8. ANIMALS ARE NOT ALLOWED ON THE GROUNDS.

9. THERE IS NO WORKING OUT OF YOUR UNIT. This is a storage facility and may not be used as a working garage or office. Use of power tools, welding equipment, etc. is prohibited as is working on automobiles in any way. Tenants may not use the landlord's electricity without the express permission of the landlord.

10. THERE IS NO SLEEPING IN YOUR UNIT OR LOITERING ON THE GROUNDS. You may not be in your unit with the door closed for any reason.

11. ANY BREACH OF THE PEACE OR VIOLATION OF ANY OF THESE RULES IS GROUNDS FOR IMMEDIATE EVICTION.

12. LOST KEYS. The keys to your lock are the responsibility of the tenant. If you lose or misplace your key(s), you must contact a professional locksmith to have the lock removed. Under no circumstance may the Tenant attempt to remove the lock without the key.

13. **ADDITIONAL AND/OR DELINQUENCY CHARGES:** In the event your unit becomes delinquent we are required to take a number of additional actions and many of these actions have costs associated with them. As a result you may be subject to the following fees:

A car de-storage fee of \$50 will be charged if 72 hours advance notice is not given.

Late payments will be subject to the following charges (late is more than 10 days past due for each period):

If rental rate is less than \$60 late fee = \$10.00

If rental rate is \$60 to less than 150.00 late fee = \$15.00

If rental rate is \$150.00 or more late fee = \$20.00

Other possible fees:

Preliminary lien fee: \$10.00

Lien notice fee: \$10.00

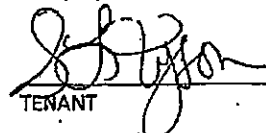
Auction preparation fee (inventory & lock cutting): \$75.00

Auction Advertising fee (varies based on Publication): \$15 to \$100

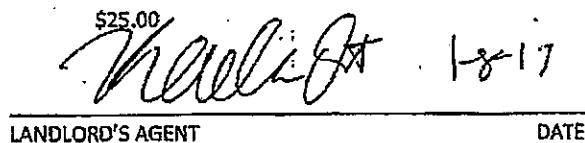
Auctioneer's Fee: 20% of gross sale price

Auction cleaning & processing fee: \$75

Dumping fee: \$100.00 NSF Fee: \$25.00


TENANT

January 8, 2017
DATE


LANDLORD'S AGENT

DATE

ENCLOSURE (18)

**A-1 Self Storage Agreement for Binding Arbitration of Claims
Addendum to Rental Agreement**

This addendum between Sharonda L. Tyson (Tenant) and A-1 Self Storage (Landlord), Landlord's agents and employees is made a part of the Rental Agreement for Space number 4024. The parties agree as follows:

BINDING ARBITRATION: Except as provided below, Landlord and Tenant agree that:

1. Except as otherwise specified below, any claim or dispute between the Parties, whether in contract, tort, statute or otherwise, including the interpretation and scope of this Arbitration Agreement, shall be decided by binding arbitration and not in court or by jury trial.
2. The Parties understand that discovery and rights to appeal in arbitration are generally more limited than in a lawsuit. Claims are decided by an arbitration rather than a jury.

CLASS ACTION WAIVER: LANDLORD AND TENANT AGREE THAT THEY WILL ONLY PURSUE ARBITRATION ON AN INDIVIDUAL BASIS AND WILL NOT PURSUE ARBITRATION OR ANY OTHER CLAIM ON A CLASS-WIDE, REPRESENTATIVE, OR CONSOLIDATED BASIS. NO ARBITRATOR SHALL HAVE AUTHORITY TO HEAR ANY DISPUTE INVOLVING LANDLORD AND TENANT ON ANYTHING OTHER THAN AN INDIVIDUAL BASIS. THIS INCLUDES AN ACTION BROUGHT BY ANOTHER TENANT ON A CLASS BASIS IN WHICH TENANT WOULD PARTICIPATE AS A CLASS MEMBER.

SELF-HELP AND RIGHT TO GO TO SMALL CLAIMS COURT: Notwithstanding the general rule requiring arbitration of disputes, both Landlord and Tenant retain any rights (1) to self-help remedies, such as foreclosure upon a lien, and (2) to pursue a claim in small claims court with an amount in controversy that qualifies for small claims court. However, if such a claim is transferred, removed or appealed to a different court, either party may require that the matter be decided in arbitration.

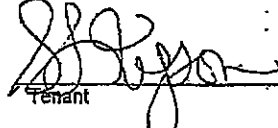
GOVERNING LAW AND RULES: The Parties agree that the Federal Arbitration Act (FAA) shall govern the enforcement of this arbitration agreement. Unless governing law bars the shortening of a statute of limitations, any arbitration must be brought within the time set by the applicable statute of limitations for the type of claim brought or within twelve (12) months of Tenant vacating the rented space, whichever occurs first. The arbitration shall be conducted by a single arbitrator selected by the parties in accordance with the JAMS Streamlined Arbitration Rules and Consumer Minimum Standards. The JAMS arbitration procedure may be found at www.jamsadr.org. If for any reason JAMS is unavailable to conduct the arbitration, then arbitration shall be conducted by the American Arbitration Association in accordance with the AAA Consumer Arbitration Rules, which may be found at www.adr.org.

SEVERABILITY: Should any provision within this agreement be deemed unenforceable or contrary to governing law, the parties agree that the provision should be severed and the remaining provision of the agreement shall still be enforced to the full extent permissible under the law.

EFFECT OF YOUR AGREEMENT TO ARBITRATION: BY ENTERING INTO THIS AGREEMENT, TENANT UNDERSTANDS THAT LANDLORD AND TENANT SHALL NOT HAVE THE RIGHT TO LITIGATE CLAIMS OR LAWSUITS IN COURT OR TO HAVE A JURY TRIAL AND MAY NOT PURSUE CLAIM ON A CLASS, REPRESENTATIVE OR COLLECTIVE BASIS.



A-1 SELF-STORAGE, LANDLORD/AGENT 01/08/2017
Date



Tenant 01/08/2017
Date

ENCLOSURE (8)



AGREEMENT ADDENDUM

Waiver of Service Members Civil Relief Act Rights

I, Sherronda L. Tyson, am a member of the United States military, Department of Defense number 1251670966 and I am currently on active duty status. I have entered into a contract for the rental of self storage space number 4024, from A-1 Self Storage. I hereby waive all my rights provided under the Service Members Civil Relief Act and equivalent state laws that apply to the rental of a self storage space. I specifically waive my rights affecting the self storage operator's lien remedy provided under the laws of this state. I have been advised that under state law, my stored property may be sold if I fail to pay rent when due. I understand that by waiving my rights under the SCRA the self storage facility owner has the legal right under state law to sell my stored property without first obtaining a court order.

Unit of Assignment: 1st Marine Aircraft wing

Name of Company Commander: Chad R. Kieh

Phone Number of Company Commander: 315-645-9164

Sherronda L. Tyson
Signature of Tenant

January 8, 2017
Date

Chad R. Kieh
Signature of Owner's Agent

1-8-17
Date

**This form is only to be completed by active service members, reservists, or National Guardsmen.

ENCLOSURE (18)

A-1 Car Storage Addendum to Rental Agreement
Authorization for 3rd party pick up and/or drop off of a vehicle
2235 Pacific Highway San Diego, CA 92101
619-696-6616 email: a1pacifichighway@a1storage.com

Unit Number: 4024
80140

"Customer" hereby authorizes Danyae B. Tyson to:
(print name of person authorized to drop off or pick up the vehicle)

☒ Drop Off ☒ Pick up the vehicle described below.

In signing this form "Customer" is authorizing A-1 Car Storage to accept the referenced vehicle from the person authorized above or to release the vehicle to said person. Further, "Customer" is authorizing the above person to act as their agent in inspecting the vehicle and completing the vehicle inspection form which will become part of the rental agreement.

Vehicle to be dropped off or picked up:

Vehicle: Make MINI Model Cooper Countryman S Year 2015 Color White
Lic. Plate No. 7NMB468 Date put in storage 01/08/2017 Estimated Removal Date 1/1/

I, Customer, have read and understood the above and agree to its terms.

Signed [Signature] Dated January 8, 2017
(Customer)

Signed [Signature] Dated 1-8-17
(Agent - A-1 Car Storage)

ENCLOSURE (18)

SPRINGHILL SUITES®

MARRIOTT

SPRINGHILL SUITES BY MARRIOTT®

1801 S Harbor Blvd., Anaheim, CA 92802 P 714.533.2101

springhillsuites.com

S. Tyson

Room: 535

Room Type: EXQS

Number of Guests: 2

Rate: \$165.00

Clerk:

Arrive: 08Jan17

Time: 03:27PM

Depart: 10Jan17

Time:

Folio Number: 87911

DATE	DESCRIPTION	CHARGES	CREDITS
08Jan17	Room Charge	165.00	
08Jan17	City Tax	24.75	
08Jan17	Anaheim TID	3.30	
08Jan17	CA Local Tourism Fee	0.40	
08Jan17	Tourism Tax	0.06	
08Jan17	Tourism Tid	0.01	
09Jan17	Room Charge	165.00	
09Jan17	City Tax	24.75	
09Jan17	Anaheim TID	3.30	
09Jan17	CA Local Tourism Fee	0.40	
09Jan17	Tourism Tax	0.06	
09Jan17	Tourism Tid	0.01	
10Jan17	Visa		387.04

Card #: VXXXXXXXXXXXX9602XXXX

Amount: 387.04 Auth: 025547 Signature on File

This card was electronically swiped on 08Jan17

BALANCE: 0.00

Rewards Account # XXXXX5761. Your Rewards points/miles earned on your eligible earnings will be credited to your account. Check your Rewards Account Statement or your online Statement for updated activity.

As requested, a final copy of your bill will be emailed to you at: MXXXXXXXXXXXX@GMAIL.COM. See "Internet Privacy Statement" on Marriott.com.

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To plan your next stay, visit springhillsuites.com

ENCLOSURE (18)

TEMPORARY LODGING EXPENSE (TLE) WORKSHEET

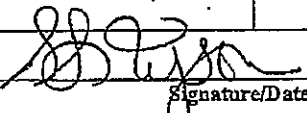
Name: SHARONDA L TYSON Rank: E-7 SSN: 200-45-2736 RUC: _____

"I certify that temporary lodging was used from 20170108 to 20170109 and I also certify that if I used commercial lodging that government lodging was not available for use"

Name of temporary lodging facility: SPRINGHILL SUITES
City, state, and ZIP code: 1801 S HARBOUR BLVD ANAHEIM CA 92802
Phone number with area code: 714-583-2101

Date (YYMMDD)	Lodging amount Including taxes	Number of dependents occupying TLF	
		Over 12 years old	Under 12 years old
170108	193.52	1	1
170109	193.52	1	1

"I certify that all of the above information is correct:


Signature/Date

20170201

DISBURSING OFFICE USE ONLY

Area Rate: 1) City/state: _____ Max Lodg: _____ M&IE: _____

1. Determine maximum rates (given percentage x locality rate)	
_____ M&IE	_____ % x _____ = _____
_____ Lodging	_____ % x _____ = _____
2. Compare actual lodging cost (including taxes) to the Step 1 maximum lodging rate. Use the lesser.	\$ _____ vs. \$ _____ Amount to be paid: \$ _____
3. Add the Step 1 M&IE to the selected Step 2 lodging cost.	\$ _____ + \$ _____ = _____ \$ _____
4. Compare \$180.00 with the Step 3 amount and pay the lesser amount for each day. Pay \$ _____ per day.	\$180.00 vs. \$ _____ \$ _____ x _____ days = \$ _____

Occupancy percentages: Member or 1 dependent 65%
Member and 1 dependent, or 2 dependents only 100%
For each additional dependent 12 and over, add: 35%
For each additional dependent 12 and under, add: 25%

ENCLOSURE (18)

Exception to SF 1012 approved by GSAMRMS 12-91.
Adobe Professional 8.0

ENCLOSURE (18)



USMC WEB ORDERS

PERSONAL ORDERS INFORMATION	
NAME:	TYSON, SHARONDA, L
RANK:	E7
SSN:	0260452736
PMOS:	4691
FUTURE MCC:	124
ESTIMATED DATE OF DEPARTURE:	12/23/2016 12:00:00 AM
ESTIMATED DATE OF ARRIVAL:	1/22/2017 12:00:00 AM
ISSUED DATE:	11/30/2016 5:34:00 PM
PRESENT MCC:	143
PRESENT MCC DESCRIPTION:	3DMAW MIRAMAR CA
NOTES TRANSACTION INFORMATION	
TRANSACTION DATE	TRANSACTION TYPE
10/13/2016 2:45:00 PM	010
11/28/2016 2:57:00 PM	011
11/30/2016 5:34:00 PM	011

<<< ORDERS HAVE BEEN MODIFIED >>> DATE DESIGNATED DIRECT AND TRANSFER MARINE TO PROCEED AND REPORT NOT EARLIER THAN 23 DEC 2016 AND REPORT NOT LATER THAN 22 JAN 2017 TO 3DMARDIV OKINAWA JAPAN (MCC 124) FOR DUTY IN BILLET MOS 4691. THE STANDARD TOUR OF DUTY FOR THIS ASSIGNMENT IS 36 MONTHS. PRIOR TO TRANSFER SNM MUST HAVE SUFFICIENT OBLIGATED SERVICE TO COMPLETE ASSIGNED TOUR LENGTH. THESE ORDERS ARE NOT AUTHORITY TO EXTEND/REENLIST EXCEPT IN ACCORDANCE WITH MCO P1040.31J PAR 4200.2.B(3). IF SNM DOES NOT HAVE SUFFICIENT OBLIGATED SERVICE TO COMPLY WITH THE PRESCRIBED TOUR LENGTH AND WILL NOT EXTEND/REENLIST, DO NOT DETACH SNM AND NOTIFY MMEA VIA NAVAL MESSAGE WITHIN 20 DAYS OF RECEIPT OF ORDERS. UNIFORMED SERVICE MEMBERS ARE REQUIRED TO SCHEDULE TRAVEL VIA TMO/CTO FOR OFFICIAL TRAVEL IAW PAR U3125 OF THE JOINT FEDERAL TRAVEL REGULATIONS (JFTR). MARINES ARE DIRECTED TO TRAVEL VIA PATRIOT EXPRESS (PE) FLIGHTS CONTRACTED THROUGH AIR MOBILITY COMMAND (AMC) AND COORDINATED VIA TMO/CTO. IN CASES WHEN AMC/PE IS NOT AVAILABLE OR IT HAS BEEN DEEMED MISSION CRITICAL THAT ARRIVAL IS EARLIER THAN WHAT THE AMC/PE FLIGHT WOULD ALLOW, NON AMC/PE AIR TRAVEL MUST BE COORDINATED VIA TMO/CTO. PER MCO P3302.1C ENSURE ANTI-TERRORIST TRAINING IS COMPLETED PRIOR TO DETACHMENT AND ANNOTATE VIA PAGE 11 ENTRY. ENSURE SERVICE RECORDS AND HEALTH RECORDS ACCOMPANY SNM. IF SNM IS SERVING AN ACCOMPANIED TOUR, ENSURE THAT BASIC ORDERS OR ENDORSEMENTS SHOW FULL NAME AND RELATIONSHIP OF ALL FAMILY MEMBERS ACCOMPANYING SNM. SNM IS DIRECTED TO APPLY FOR A NO-FEE PASSPORT AND REQUEST PASSPORTS FOR FAMILY MEMBERS. ENSURE EACH SERVICE AND FAMILY MEMBER IS SCREENED FOR AREA CLEARANCE WITHIN 30 DAYS OF RECEIPT OF TRANSFER ORDERS. SNM MUST HAVE APPROVED AREA CLEARANCE PER MCO P1000.6G AND BE FOUND MEDICALLY QUALIFIED PER BUMEDINST 1300.2A PRIOR TO DETACHING CURRENT COMMAND. SERVICE MEMBER AND FAMILY MEMBERS WILL NOT TRANSFER UNTIL SATISFACTORY COMPLETION OF ALL ASPECTS OF THE SUITABILITY PROCESS. FOR RELOCATION ASSISTANCE INFORMATION PRIOR TO PCS, SEE YOUR INSTALLATION RELOCATION ASSISTANCE PROGRAM MANAGER, OR CONTACT MILITARY ONE SOURCE AT: FROM THE US (IN CONUS): 1-800-342-9647 OVERSEAS COLLECT (OCONUS COLLECT): 484-530-5908. MILITARY ONE SOURCE CAN ALSO BE ACCESSED ON THE WEB AT WWW.MILITARYONESOURCE.COM. MARINE IS ENCOURAGED TO ACCESS THE MOST CURRENT INFORMATION ON FAMILY MEMBER TRICARE PRIME, AND TRANSFER THEIR ENROLLMENT TO THE NEW REGION VIA THE ONLINE WEB SITE AT WWW.TRICARE.MIL/ENROLLMENT. IF YOU HAVE SCHOOL AGED DEPENDENTS THAT WILL ACCOMPANY YOU ON THESE ORDERS, ENSURE YOU CHECK OUT AND CHECK IN WITH THE INSTALLATION SCHOOL LIAISONS TO ASSIST IN THE EDUCATIONAL TRANSITION OF YOUR STUDENT. A LISTING OF SCHOOL LIAISONS CAN BE FOUND AT [HTTPS://WWW.MANPOWER.USMC.MIL/PORTAL/PAGE/PORTAL/RA_HOME/MF/FAMILY%20CARE/SCHOOL%20LIAISON%20PROGRAM](https://www.manpower.usmc.mil/portal/page/portal/RA_HOME/MF/FAMILY%20CARE/SCHOOL%20LIAISON%20PROGRAM). AMC-PE USAGE, IF AVAILABLE, IS DIRECTED FOR ALL UNIFORMED PERSONNEL. YOU ARE ALSO REMINDED THAT ARRANGEMENT OF ALL OFFICIAL TRANSPORTATION THROUGH AN AVAILABLE COMMERCIAL TRAVEL OFFICE (CTO)/DISTRIBUTION MANAGEMENT OFFICE (DMO) IS MANDATORY.

<<< ORDERS HAVE BEEN MODIFIED >>> DATE DESIGNATED DIRECT AND TRANSFER MARINE TO PROCEED AND REPORT NOT EARLIER THAN 23 DEC 2016 AND REPORT NOT LATER THAN 22 JAN 2017 TO 1STMAW OKINAWA JAPAN (MCC 145) FOR DUTY IN BILLET MOS 4691. THE STANDARD TOUR OF DUTY FOR THIS ASSIGNMENT IS 36 MONTHS. PRIOR TO TRANSFER SNM MUST HAVE SUFFICIENT OBLIGATED SERVICE TO COMPLETE ASSIGNED TOUR LENGTH. THESE ORDERS ARE NOT AUTHORITY TO EXTEND/REENLIST EXCEPT IN ACCORDANCE WITH MCO P1040.31J PAR 4200.2.B(3). IF SNM DOES NOT HAVE SUFFICIENT OBLIGATED SERVICE TO COMPLY WITH THE PRESCRIBED TOUR LENGTH AND WILL NOT EXTEND/REENLIST, DO NOT DETACH SNM AND NOTIFY MMEA VIA NAVAL MESSAGE WITHIN 20 DAYS OF RECEIPT OF ORDERS. UNIFORMED SERVICE MEMBERS ARE REQUIRED TO SCHEDULE TRAVEL VIA TMO/CTO FOR OFFICIAL TRAVEL IAW PAR U3125 OF THE JOINT FEDERAL TRAVEL REGULATIONS (JFTR). MARINES ARE DIRECTED TO TRAVEL VIA PATRIOT EXPRESS (PE) FLIGHTS CONTRACTED THROUGH AIR MOBILITY COMMAND (AMC) AND COORDINATED VIA TMO/CTO. IN CASES WHEN AMC/PE IS NOT AVAILABLE OR IT HAS BEEN DEEMED MISSION CRITICAL THAT ARRIVAL IS EARLIER THAN WHAT THE AMC/PE FLIGHT WOULD ALLOW, NON AMC/PE AIR TRAVEL MUST BE COORDINATED VIA TMO/CTO. PER MCO P3302.1C ENSURE ANTI-TERRORIST TRAINING IS COMPLETED PRIOR TO DETACHMENT AND ANNOTATE VIA PAGE 11 ENTRY. ENSURE SERVICE RECORDS AND HEALTH RECORDS ACCOMPANY SNM. IF SNM IS SERVING AN ACCOMPANIED TOUR, ENSURE THAT BASIC ORDERS OR ENDORSEMENTS SHOW FULL NAME AND RELATIONSHIP OF ALL FAMILY MEMBERS ACCOMPANYING SNM. SNM IS DIRECTED TO APPLY FOR A NO-FEE PASSPORT AND REQUEST PASSPORTS FOR FAMILY MEMBERS. ENSURE EACH SERVICE AND FAMILY MEMBER IS SCREENED FOR AREA CLEARANCE WITHIN 30 DAYS OF RECEIPT OF TRANSFER ORDERS. SNM MUST HAVE APPROVED AREA CLEARANCE PER MCO P1000.6G AND BE FOUND MEDICALLY QUALIFIED PER

ENCLOSURE (1)

BUMEDINST 1300.2A PRIOR TO DETACHING CURRENT COMMAND. SERVICE MEMBER AND FAMILY MEMBERS WILL NOT TRANSFER UNTIL SATISFACTORY COMPLETION OF ALL ASPECTS OF THE SUITABILITY PROCESS, FOR RELOCATION ASSISTANCE INFORMATION PRIOR TO PCS, SEE YOUR INSTALLATION RELOCATION ASSISTANCE PROGRAM MANAGER, OR CONTACT MILITARY ONE SOURCE AT: FROM THE US (IN CONUS): 1-800-342-9647 OVERSEAS COLLECT (OCONUS COLLECT): 484-530-5908. MILITARY ONE SOURCE CAN ALSO BE ACCESSED ON THE WEB AT WWW.MILITARYONESOURCE.COM. MARINE IS ENCOURAGED TO ACCESS THE MOST CURRENT INFORMATION ON FAMILY MEMBER TRICARE PRIME, AND TRANSFER THEIR ENROLLMENT TO THE NEW REGION VIA THE ONLINE WEB SITE AT WWW.TRICARE.MIL/ENROLLMENT. IF YOU HAVE SCHOOL AGED DEPENDENTS THAT WILL ACCOMPANY YOU ON THESE ORDERS, ENSURE YOU CHECK OUT AND CHECK IN WITH THE INSTALLATION SCHOOL LIAISONS TO ASSIST IN THE EDUCATIONAL TRANSITION OF YOUR STUDENT. A LISTING OF SCHOOL LIAISONS CAN BE FOUND AT HTTPS://WWW.MANPOWER.USMC.MIL/PORTAL/PAGE/PORTAL/M_RA_HOME/MF/FAMILY%20CARE/SCHOOL%20LIAISON%20PROGRAM. AMC-PE USAGE, IF AVAILABLE, IS DIRECTED FOR ALL UNIFORMED PERSONNEL. YOU ARE ALSO REMINDED THAT ARRANGEMENT OF ALL OFFICIAL TRANSPORTATION THROUGH AN AVAILABLE COMMERCIAL TRAVEL OFFICE (CTO)/DISTRIBUTION MANAGEMENT OFFICE (DMO) IS MANDATORY.

DATE DESIGNATED DIRECT AND TRANSFER MARINE TO PROCEED AND REPORT NOT EARLIER THAN 13 FEB 2017 AND REPORT NOT LATER THAN 15 MAR 2017 TO 1STMAW OKINAWA JAPAN (MCC 145) FOR DUTY IN BILLET MOS 4691. THE STANDARD TOUR OF DUTY FOR THIS ASSIGNMENT IS 36 MONTHS. PRIOR TO TRANSFER SNM MUST HAVE SUFFICIENT OBLIGATED SERVICE TO COMPLETE ASSIGNED TOUR LENGTH. THESE ORDERS ARE NOT AUTHORITY TO EXTEND/REENLIST EXCEPT IN ACCORDANCE WITH MCO P1040.31J PAR 4200.2.B(3). IF SNM DOES NOT HAVE SUFFICIENT OBLIGATED SERVICE TO COMPLY WITH THE PRESCRIBED TOUR LENGTH AND WILL NOT EXTEND/REENLIST, DO NOT DETACH SNM AND NOTIFY MMEA VIA NAVAL MESSAGE WITHIN 20 DAYS OF RECEIPT OF ORDERS. UNIFORMED SERVICE MEMBERS ARE REQUIRED TO SCHEDULE TRAVEL VIA TMO/CTO FOR OFFICIAL TRAVEL IAW PAR U3125 OF THE JOINT FEDERAL TRAVEL REGULATIONS (JFTR). MARINES ARE DIRECTED TO TRAVEL VIA PATRIOT EXPRESS (PE) FLIGHTS CONTRACTED THROUGH AIR MOBILITY COMMAND (AMC) AND COORDINATED VIA TMO/CTO. IN CASES WHEN AMC/PE IS NOT AVAILABLE OR IT HAS BEEN DEEMED MISSION CRITICAL THAT ARRIVAL IS EARLIER THAN WHAT THE AMC/PE FLIGHT WOULD ALLOW, NON AMC/PE AIR TRAVEL MUST BE COORDINATED VIA TMO/CTO. PER MCO P3302.1C ENSURE ANTI-TERRORIST TRAINING IS COMPLETED PRIOR TO DETACHMENT AND ANNOTATE VIA PAGE 11 ENTRY. ENSURE SERVICE RECORDS AND HEALTH RECORDS ACCOMPANY SNM. IF SNM IS SERVING AN ACCOMPANIED TOUR, ENSURE THAT BASIC ORDERS OR ENDORSEMENTS SHOW FULL NAME AND RELATIONSHIP OF ALL FAMILY MEMBERS ACCOMPANYING SNM. SNM IS DIRECTED TO APPLY FOR A NO-FEE PASSPORT AND REQUEST PASSPORTS FOR FAMILY MEMBERS. ENSURE EACH SERVICE AND FAMILY MEMBER IS SCREENED FOR AREA CLEARANCE WITHIN 30 DAYS OF RECEIPT OF TRANSFER ORDERS. SNM MUST HAVE APPROVED AREA CLEARANCE PER MCO P1000.6G AND BE FOUND MEDICALLY QUALIFIED PER BUMEDINST 1300.2A PRIOR TO DETACHING CURRENT COMMAND. SERVICE MEMBER AND FAMILY MEMBERS WILL NOT TRANSFER UNTIL SATISFACTORY COMPLETION OF ALL ASPECTS OF THE SUITABILITY PROCESS, FOR RELOCATION ASSISTANCE INFORMATION PRIOR TO PCS, SEE YOUR INSTALLATION RELOCATION ASSISTANCE PROGRAM MANAGER, OR CONTACT MILITARY ONE SOURCE AT: FROM THE US (IN CONUS): 1-800-342-9647 OVERSEAS COLLECT (OCONUS COLLECT): 484-530-5908. MILITARY ONE SOURCE CAN ALSO BE ACCESSED ON THE WEB AT WWW.MILITARYONESOURCE.COM. MARINE IS ENCOURAGED TO ACCESS THE MOST CURRENT INFORMATION ON FAMILY MEMBER TRICARE PRIME, AND TRANSFER THEIR ENROLLMENT TO THE NEW REGION VIA THE ONLINE WEB SITE AT WWW.TRICARE.MIL/ENROLLMENT. IF YOU HAVE SCHOOL AGED DEPENDENTS THAT WILL ACCOMPANY YOU ON THESE ORDERS, ENSURE YOU CHECK OUT AND CHECK IN WITH THE INSTALLATION SCHOOL LIAISONS TO ASSIST IN THE EDUCATIONAL TRANSITION OF YOUR STUDENT. A LISTING OF SCHOOL LIAISONS CAN BE FOUND AT HTTPS://WWW.MANPOWER.USMC.MIL/PORTAL/PAGE/PORTAL/M_RA_HOME/MF/FAMILY%20CARE/SCHOOL%20LIAISON%20PROGRAM. AMC-PE USAGE, IF AVAILABLE, IS DIRECTED FOR ALL UNIFORMED PERSONNEL. YOU ARE ALSO REMINDED THAT ARRANGEMENT OF ALL OFFICIAL TRANSPORTATION THROUGH AN AVAILABLE COMMERCIAL TRAVEL OFFICE (CTO)/DISTRIBUTION MANAGEMENT OFFICE (DMO) IS MANDATORY.

MARINE CORPS ACTIVE DUTY PERMANENT CHANGE OF STATION (PCS) ORDERS HAVE BEEN ASSIGNED A STANDARD DOCUMENT NUMBER (SDN), CUSTOMER IDENTIFICATION CODE (CIC) AND LINES OF ACCOUNTING CONTAINING FISCAL YEAR. COS ASSOCIATED TO THIS ORDER IS TO BE RECORDED AND TRACKED UTILIZING THE SDN, CIC AND LOA'S ASSIGNED.

CUSTOMER IDENTIFICATION CODE 67000217CTB32MP													
TITLE	TAC	TACRN	DC	EV	PAPN	SUBR	POBT	BCN	SA	PAAN	ETC	PAAC	FCOST CODE
HHG	M707	AA	17	7	1105	2750	220	41690		067443	2D	000000	M70700000000
ITGBL Trans	M7M7												
Mobile Home													
Non Temp	M997	AA	17	7	1105	2750	220	41690		067443	2D	000000	M93700000000
Storage													
POV Shipment	M7R7												
POV Storage	M357												
Travel	0000	AA	17	7	1105	2750	217	41690		067443	2D	000000	000000000000
Unaccompanied	M7T7												
Baggage													

Traffic Management Officials should refer to Marine Corps Bulletin 4610 for the assignment of the appropriate Transportation Account Code (TAC) and Marine Corps Bulletin 4631 when arranging transportation for the movement of personnel.

*** End of Orders ***



ORIGINAL

UNITED STATES MARINE CORPS
3D MARINE DIVISION (-) (REIN)
UNIT 35801
FPO AP 963E2-5801

1326
G-1
12 Jan 17

REPORTING ENDORSEMENT

From: Commanding General, 3d Marine Division
To: Gunnery Sergeant Sharonda L. Tyson 1251670966/4691 USMC
Subj: PERMANENT CHANGE OF STATION ORDERS

1. You arrived on island at 2030 on 20170111 and reported for duty at 2130 on 20170111 and are further directed to proceed and report to the Commanding Officer, Headquarters Battalion, 3d Marine Division (MCC 124, RUC 13001) for duty.
2. You are serving a 36 month accompanied tour; your rotation tour date is 20200110.
3. You are directed to report to the Inbound Section of Installation Personnel Administration Center aboard Camp Foster (Building 5699, point of contact is [REDACTED] at 645-4810).

By direction [REDACTED]

ENCLOSURE (8)

UNCLASSIFIED

AREA CLEARANCE APPROVAL ICO GYSGT SHARONDA L TYSON EDIPI:

Originator: CG G ONE MCB CAMP BUTLER JA

DTG: 220645Z Dec 16 Precedence: R DAC: General

To: HHS MCAS MIRAMAR CA

CC: CG G ONE MCB CAMP BUTLER JA, CG MCB CAMP BUTLER JA, CG THIRD MARDIV, CG THIRD MARDIV G ONE

RAADZYUW RUJDAAA4301 3570649-UUUU--RUJDAAA.

ZNR UUUUU ZDR ZUI RUEOMCG2640 3570650

R 220645Z DEC 16

FM CG G ONE MCB CAMP BUTLER JA

TO RUJDAAA/HHS MCAS MIRAMAR CA

INFO RUJDAAA/CG G ONE MCB CAMP BUTLER JA

RUJDAAA/CG MCB CAMP BUTLER JA

RUJDAAA/CG THIRD MARDIV

RUJDAAA/CG THIRD MARDIV G ONE

BT

UNCLASSIFIED

SUBJ/AREA CLEARANCE APPROVAL ICO GYSGT SHARONDA L TYSON EDIPI:

1251670966/4691 USMC//

MSGID/GENADMIN/CG MCB CAMP BUTLER JP//

SUBJ/AREA CLEARANCE APPROVAL ICO GYSGT SHARONDA L TYSON EDIPI:

1251670966/4691 USMC//

REF/A/MSG/HHS MCAS MIRAMAR CA/211616ZDEC16//

AMPN/REF A REQUESTED FAMILY MEMBER ENTRY INTO OKINAWA JA//

REF/B/DOC/MCO 1300.8 MARINE CORPS PERSONNEL ASSIGNMENT POLICY//

POC/CIV/MS. COOPER/MCB CAMP BUTLER/-/DSN: 315-645-8512//

EMAIL: LEENORTA.COOPER@USMC.MIL//

GENTEXT/REMARKS/1. AREA CLEARANCE FOR THE FOLLOWING FAMILY MEMBERS IS APPROVED:

SP-DONYAE R TYSON, DOB-19790308

LS-TYBERIUS N TYSON. DOB-20141015

2. THIS MESSAGE CONSTITUTES CONFIRMATION OF COMMAND SPONSORSHIP OF FAMILY MEMBERS (EFF 20161222) AND MUST BE RETAINED WITH ORIGINAL PCS ORDERS FOR DURATION OF OVERSEAS TOUR.

3. THE FOLLOWING INFO IS PROVIDED:

A. SPONSORSHIP: GYSGT TYSON WILL BE ASSIGNED A SPONSOR VIA SEPARATE CORRESPONDENCE. FOR GYSGT TYSON: IF YOU ARE NOT CONTACTED WITHIN 10 DAYS OF RECEIPT OF THIS MESSAGE, CONTACT 3D MARDIV ADJUTANT AT DSN: 622-9456/9467. A WELCOME ABOARD PACKAGE IS AUTOMATICALLY SENT OUT 120 DAYS PRIOR TO ARRIVAL BY THE COMMANDING GENERAL, 3D MARDIV. IF YOU HAVE NOT RECEIVED A PACKAGE WITHIN 2 MONTHS OF FLIGHT, CONTACT YOUR LOCAL PERSONAL SERVICES CENTER, SPONSORSHIP COORDINATOR OR PERSONAL SERVICES CENTER (PSC) OKINAWA (COMM: 011-81-6117-45-2104/7805; DSN: 315-645-2104/7805 OR VIA EMAIL:RELOASSIST@OKINAWA.USMC-MCCS.ORG). RELOCATION INFORMATION IS AVAILABLE VIA THE INTERNET AT WWW.MILITARYONESOURCE.COM AND WWW.MILITARYHOMEFRONT.DOD.MIL. IF STATIONED AT A REMOTE LOCATION WITHOUT PSC SUPPORT, CALL 800-336-4663 - EAST OF THE MISSISSIPPI, 800-253-1624 - WEST OF THE MISSISSIPPI OR CONTACT THE PSC OKINAWA FOR ASSISTANCE.

B. NEWCOMER'S ORIENTATION BRIEFING: THE NEWCOMER'S ORIENTATION PROVIDES INFORMATION ON A VARIETY OF SUBJECTS VALUABLE TO AID IN YOUR TRANSITION TO LIVING ON OKINAWA AND TAKING ON THIS UNIQUE RESPONSIBILITY. THE ORIENTATION INCLUDES CRITICAL INFORMATION ON SEVERAL SUBJECTS SUCH AS CULTURE AND CUSTOMS OF JAPAN, YOUR RIGHTS

<https://pendleton.amhs.usmc.mil/Amhs/mp.asp?msgid=3419947&messagetype=0&pageke...> 1/12/2017

ENCLOSURE (8)

AND RESPONSIBILITIES UNDER THE SOFA AND JAPANESE LAW, AUTOMOBILE INSURANCE AND REGISTRATION REQUIREMENTS, DRIVER'S LICENSING AND PRIVILEGES, AND PROHIBITED ACTIVITIES. ADDITIONALLY, THE ORIENTATION WILL PROVIDE INFORMATION ABOUT FACILITIES AND ACTIVITIES THAT WILL ENHANCE YOUR QUALITY OF LIFE ON OKINAWA. ALL ACCOMPANIED PERSONNEL, ALONG WITH THEIR FAMILY MEMBERS AGE 10 AND OLDER, AND ALL SNCO'S, OFFICERS, AND DOD CIVILIAN EMPLOYEES ARE REQUIRED TO ATTEND THE NEWCOMER'S ORIENTATION WITHIN TWO WEEKS AFTER ARRIVAL.

C. GENERAL INFORMATION: MARINES AND FAMILY MEMBERS ARE ENCOURAGED TO TAKE FULL ADVANTAGE AND UTILIZE THE FOLLOWING WEBSITE WWW.MARINES.MIL/UNIT/MCBJAPAN TO OBTAIN VALUABLE AND UP TO DATE INFORMATION CONCERNING OKINAWA PRIOR TO YOUR DEPARTURE. THIS SITE CONTAINS COMPLETE MAPS OF THE ISLAND, PICTURES AND TEXT OF THE CULTURAL BACKGROUND OF THE OKINAWA SOCIETY AND MAJOR ACTIVITIES OF INTEREST ON THE ISLAND.

D. BASE HOUSING: ALL BASE HOUSING ON OKINAWA IS STRICTLY MANAGED AND CONTROLLED BY THE U.S. AIR FORCE AND IN ACCORDANCE WITH THEIR REGULATIONS. ELIGIBLE PERSONNEL SHOULD SUBMIT AN ADVANCE APPLICATION (DD FORM 1746, APPLICATION FOR ASSIGNMENT TO HOUSING) TO THE FAMILY HOUSING OFFICE AT ANY TIME AFTER THEY HAVE RECEIVED PCSO OR ACTIVE DUTY ORDERS. YOU CAN REFER TO THE FOLLOWING WEBSITE WWW.OKINAWAMFH.COM FOR THE LATEST HOUSING INFORMATION. FOR SPECIFIC QUESTIONS, CONTACT YOUR SPONSOR OR KADENA CUSTOMER SERVICE AT DSN: 634-0582/0583 OR COMM: 011-81-6117-34-0582/0583.

E. PRIVATE RENTAL HOUSING OFF-BASE: IF AUTHORIZED TO RESIDE OFF BASE, STRONGLY RECOMMENDED THAT INDIVIDUALS UTILIZE THE UNIT SPONSORSHIP PROGRAM. OVERSEAS HOUSING ALLOWANCE (OHA), IN SOME CASES, WILL NOT COVER THE COST OF RESIDING OFF BASE. PRICE RANGES FLUCTUATE WITH THE YEN/DOLLAR EXCHANGE RATE.

F. TEMPORARY LODGING: TEMPORARY LODGING ALLOWANCE (TLA) MAY BE AUTHORIZED FOR ACCOMPANIED MARINES WITH COMMAND SPONSORED FAMILY MEMBERS. ADVANCE PAYMENT OF TLA IS AUTHORIZED AND CAN BE REQUESTED BEFORE OR AFTER YOUR ARRIVAL. MORE INFORMATION REGARDING TLA WILL BE PROVIDED BY IPAC UPON ARRIVAL. ON BASE TLF'S ARE OPERATED BY THE MARINE CORPS COMMUNITY SERVICES (MCCS) AND WILL ACCEPT COMMERCIAL CREDIT CARDS FOR PAYMENT.

G. HOUSEHOLD GOODS: OKINAWA HAS BEEN DESIGNATED AN ADMINISTRATIVE WEIGHT LIMITED (AWL) AREA. YOU ARE LIMITED TO 2,500 POUNDS OR 25% OF YOUR JOINT FEDERAL TRAVEL REGULATION (JFTR) AUTHORIZED PCS WEIGHT ALLOWANCE (JFTR PARA U5310-B), WHICHEVER IS GREATER. HOWEVER, CERTAIN COMMAND BILLET ASSIGNMENTS MAY BE AUTHORIZED UP TO 50% OF YOUR JFTR AUTHORIZED PCS WEIGHT ALLOWANCE FOR THE DURATION OF YOUR TOUR. YOU ARE AUTHORIZED FOUR SEPARATE SHIPMENTS WHEN INBOUND TO OKINAWA PER JFTR U5315-A: AN UNACCOMPANIED BAGGAGE SHIPMENT, A MAIN HOUSEHOLD GOODS SHIPMENT, A NONTEMPORARY STORAGE SHIPMENT AND A SHIPMENT TO A DESIGNATED PLACE. CONSULT YOUR LOCAL PERSONAL PROPERTY OFFICE FOR OFFICIAL UPDATED ADMINISTRATIVE WEIGHT LIMITATIONS AND ENTITLEMENTS RELATED TO EACH SHIPMENT.

H. DRIVERS LICENSE: ALL DRIVERS MUST OBTAIN A U.S. FORCES OPERATORS PERMIT (USEJ FORM 4EJ) PRIOR TO OPERATING CIVILIAN VEHICLES. OPERATION OF POV'S REQUIRE A MINIMUM AGE OF 16 TO DRIVE ON BASE ONLY AND 18 TO DRIVE OFF-BASE.

I. PETS: OKINAWA HAS A MANDATORY FAMILY HOUSING ASSIGNMENT POLICY FOR ACCOMPANIED SERVICE MEMBERS, REGARDLESS OF THE BRANCH OF SERVICE. MEMBERS MUST REPORT TO THE HOUSING OFFICER WITHIN TWO DUTY DAYS OF ARRIVAL ON OKINAWA. OKINAWA HAS A JOINT SERVICE PET POLICY AND THE FOLLOWING DOG BREEDS (FULL OR MIXED BREED) ARE RESTRICTED FROM MILITARY FAMILY HOUSING: PIT BULLS, ROTTWEILER, CANID-WOLF HYBRID, DOBERMAN PINCHER, AND CHOW. BRINGING ANY OF THESE BREEDS MAY RESULT IN YOU HAVING TO LIVE OFF BASE AT YOUR OWN EXPENSE. FOR ADDITIONAL

TJHPRT01 ***** PERSONAL INFORMATION ***** 01/11/2017
 DIIA18 ENTER NEXT EDIPI: _____ ENTER CATG: _____ SEQ NBR: _____ 21:58:12
 EDIPI: 1251670966 NAME: TYSON, SHARONDA L PAGE: 01
 RUC: 00000 COMPANY CODE: _____ PRES-GRADE: E7 RECSTAT: A COMP CODE: 11
 PLT CODE: _____ TRNGRP: _____ R-RECSTAT: _____ RCOMP CODE: _____

DOB: 19821001	SEX: F	MSR DATE: 00000000	PRR: 00000000
PMOS: 4691		DIS/DROP: 00000000	RER FLAG: _____
PRES GRADE: E7	DOR: 20141101	DULIM: N	PLANNED SPD: _____
PERM GRADE: E7	DOR: 20141101	DULIM ED: 20160617	PLANNED CHAR: _____
RET GRADE: _____	ED: 00000000	STR CAT: 0	AUTH: _____
ADV GRADE: _____	ED: 00000000	DU STAT: 1	APPL DATE: 00000000
HGRD HELD: _____			AFADBD: 20011029
GRADE SEL: _____		DA1COMM: 00000000	PEBD: 20011029
PDS CODE: _____	ED: 00000000	LDOCOMM: 00000000	DOT: 20170105
MCC RUC			DOEAF: 20010525
PRESENT: 124 00000		INDLOC: 060732194	EAS: 20201107
FORMER: 143 01079		GEODCTB: 201205	ECC: 20201107
FUTURE: _____		DCTB: 00000000	RESV ECC: 00000000
MOB: _____		RTD: 00000000	ECC/EAS FLAG: 0
RESERVE: _____		EDA: 20170111	EOS: 20090524
SEPS: _____		SEP RPT FLAG: _____	PDD: 00000000

***** C O M P L E T E D *****
 PF1 - HELP PF3 - EXIT TO RETM MENU PF12 - LOCAL PRINT

ENCLOSURE (18)

Gmail

compose

(no sub)

Inbox (49)

Starred

Important

Sent Mail

Drafts (3)

Circles

[map]/Star

[map]/Trash (7)

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connecting to Google.
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network or proxy issues.
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1.55 GB (18
Manage

Travel

Your Itinerary

Trip on Jan 10, 2017

Location OFFICE

Date: Jan 05, 2017

Traveler TYBERIUS N TYSON
THIS IS YOUR OFFICIAL RECEIPT FOR TRAVEL.
PLEASE RETAIN FOR VOUCHERING OR
REIMBURSEMENT PURPOSES.

Customer Number CS7025U
Agent 33

THIS FARE IS GUARANTEED UNTIL TICKETED

---IMPORTANT CHANGE---

THIS AIR RESERVATION WILL BE AUTOMATICALLY CANCELLED
AT 21 MONTHS PRIOR TO TRAVEL DATE IF APPROVAL OR
ORDERS ARE NOT RECEIVED. YOU MUST ENSURE
APPROVALS/OTS OR ORDERS/TRADITIONAL ARE RECEIVED BY
THE CTO IN A TIMELY MANNER PRIOR TO TRAVEL DATE.
ONCE AUTOMATICALLY CANCELLED, SEATS MAY NOT BE
AVAILABLE FOR THAT FLIGHT OR AT THE ORIGINAL FARE.
THE TRAVELER IS RESPONSIBLE FOR CANCELLING ALL
ASSOCIATED HOTEL AND CAR RESERVATIONS TO AVOID
ANY NO SHOW PENALTIES.

ALWAYS MAKE SURE YOU HAVE TOOK HUNDREDS BEFORE
ARRIVING AT THE AIRPORT IF NO TICKET CALL YOUR CTO
TO CONFIRM YOUR RESERVATION AND AVOID DELAYS
IF OUTSIDE NORMAL BUSINESS HOURS YOUR CALL WILL
BE SERVICED BY THE EMERGENCY SERVICE CENTER.

AIRFAIR TRANSPORTATION EXPENSES ON THIS ITINERARY
ARE BILLED TO AN INDIVIDUALLY BILLED ACCOUNT.
THESE EXPENSES ARE REIMBURSABLE TO THE TRAVELER.
Fees totaling \$1,855.65 CHARGED IN ADDITION TO THE PRICE
FEE US\$0.33 PER AIR MILE TRADITIONAL
FEE \$9622519501 TOTALING \$1.85
TICKET TOTALING ... 1831.60
FEE AND TICKET TOTAL ... 1833.65

Tuesday, January 10, 2017

Flight Confirmation: 80633R

FLIGHT UNITED AIRLINES 332
DEPARTURE: ...
ARRIVAL: ...

Status Confirmed
Class Coach Class - Y
Duration 11:40 (No-slap)
Equipment 789
Meal Service Lunch
Notes DBP-TERMINAL 7
ARR-TERMINAL 1

Wednesday, January 11, 2017

Flight Confirmation: 80633R

FLIGHT UNITED AIRLINES 7872
DEPARTURE: ...
ARRIVAL: ...

Status Confirmed
Class Coach Class - Y

1 of 3

IMG_1854.PNG

Destination	07:15 (Non-stop)
Equipment	Boeing 707
Meal Service	None
Name	DOM-TERRMINAL 1
	AIR-TERMINAL D
	*NRT-OKA OPERATED BY ALL NIPPON AIRWAYS
	*NRT-OKA CHECK-IN WITH ANA ALL NIPPON

Name	Invoice / Ticket / Date	Rate	Tax 1	Tax 2	Tax 3	Total
TYSON T	37672176232/3931/15/0000	21.45				21.45
TYSON T	37672176232/3931/15/0000	USD 1,000.00	10.00	5.00	0.00	1,015.00
Total Amount						1,036.45

Form of Payment: VISA0000000000000000

GENERAL INFORMATION

SERVICE FEES ARE NON-REFUNDABLE

CONFIRM WITH YOUR AIRLINE THAT SEATING IS 90MIN
FROM DOMESTIC DEPARTURES OR 120MIN FOR INTERNATIONAL
RESERVED SEATS SUBJECT TO CANCEL 30MIN BEFORE DEPT
FOR BAGGAGE RESTRICTIONS CHECK SPECIFIC AIRLINES

HOURS OF OPERATION 0730-1600PST.

GOV RESERVATIONS PHONE TOLL FREE: 866-850-1671

GOV RESERVATIONS FAX: 866-851-7004

GOV RESERVATIONS: NCASH@SATOTRavel.COM

SAY VACATIONS RESERVATIONS: 877-688-3554

USING EMERGENCY ASSISTANCE 24 HOURS: 866-850-1671

EMERGENCY WORLDWIDE COLLECT: 210-877-6828

(WHEN CALLING THE EMERGENCY SERVICE GIVE CODE 1P58)

TO COMPLETE A CUSTOMER SERVICE SURVEY GO TO

WWW.SATOTRavel.COM

FOR INFORMATION ON THE TSA SECURE

FLIGHT PROGRAM VISIT WWW.TSA.GOV

ATTENTION: SATOTRavel

ORDERS ARE REQUIRED TO ISSUE AIRLINE TICKETS

FAX ORDERS TO 866-851-7004 OR EMAIL TO

NCASH@SATOTRavel.COM

SATOTRavel WILL NOT ISSUE AIRLINE TICKETS

WITHOUT A COPY OF ORDERS.

COST OF TICKETS 1031.70 PER PERSON

PLEASE CONTACT THE SATOTRavel OFFICE

WITH YOUR GOC AT 1-866-850-1671

TO PAY FOR YOUR AIRLINE TICKETS

TICKETS MUST BE PAID BY JANUARY 5 2017

OR RESERVATIONS MAY OR CAN BE CANCELLED

BY THE AIRLINES. PLEASE

CONTACT THE SATOTRavel OFFICE

FAX PREGNANT TRAVELING WITH BABY AND EPO

SE NEED SEATS TOGETHER

PLEASE VISIT WWW.CARLSONWAGDON.COM/AIRLINEBAGGAGEFEES

FOR BAGGAGE FOR INFORMATION. CHECK OPERATING CARRIER

FOR ALLOWANCE IF TRAVELING ON CODE SHARE FLIGHT.

CHECK-IN 2 HOURS PRIOR TO FLIGHT DEPARTURE

RECONFIRM INTERNATIONAL FLIGHTS 72 HOURS PRIOR

TO DEPARTURE.

PASSPORT REQUIRED FOR THIS TRIP.

PLEASE CARRY PROOF OF CITIZENSHIP FOR ENTRY PURPOSES.

FARES ARE NOT GUARANTEED UNTIL TICKET HAS BEEN ISSUED.

FOR TRAVEL ASSISTANCE WHILE OVERSEAS CALL OUR 24 HOUR

EMERGENCY CENTER COLLECT AT 210-877-6828 OR THE AIRLINE

1 of 3

Gmail

COMPOSE

Inbox (49)

Starred

Important

Sent Mail

Drafts (3)

Circles

(imap)Sent

(imap)Trash (7)

Something's not right.

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Duration 03:15 (Non-stop)
Equipment Boeing 767
Meal Service None
Notes DEP-TERMINAL 1
ARR-TERMINAL D
*NRT-OKA OPERATED BY ALL NIPPON AIRWAYS
NRT-OKA CHECK-IN WITH ANA ALL NIPPON

Name	Invoice / Ticket / Date	Fare	Tax 1	Tax 2	Tax 3	Total
TYSON S	37673/7NF221358113/05JAN17	21.85				21.85
TYSON SHARDONDA L	37673/0167531846502/05JAN17	USD 1,000.00	18.00US	6.60AY	8.70XT	1,031.80
Total Amount						1,053.65

Form of Payment: VXXXXXXXXXXXX9602

GENERAL INFORMATION

SERVICE FEES ARE NON REFUNDABLE

CONFIRM WITH YOUR AIRLINE THAT CHECKIN IS 90MIN
PRIOR DOMESTIC DEPARTURES OR 120MIN FOR INTERNATIONAL
RESERVED SEATS SUBJECT TO CANCEL 30MIN BEFORE DEPT
FOR BAGGAGE RESTRICTIONS CHECK SPECIFIC AIRLINES

HOURS OF OPERATION 0730-1600PST.
GOV RESERVATIONS-PHONE TOLL FREE 866-950-1671
GOV RESERVATIONS-FAX 866-881-7004
GOV RES-MAIL MCASHIRAHAR/AT/CWTSATOTRavel.COM
SATO VACATIONS RESERVATIONS 877-698-2554
USMC EMERGENCY ASSISTANCE 24 HOURS 866-950-1671
EMERGENCY WORLDWIDE COLLECT 210-677-6828
WHEN CALLING THE EMERGENCY SERVICE GIVE CODE 1P58

TO COMPLETE A CUSTOMER SERVICE SURVEY GO TO
WWW.CWTSATOTRavel.COM.

*****FOR INFORMATION ON THE TSA SECURE
*****FLIGHT PROGRAM VISIT WWW.TSA.GOV.

*****ATTENTION*****
ORDERS ARE REQUIRED TO ISSUE AIRLINE TICKETS
FAX ORDERS TO 866-881-7004 OR EMAIL TO
MCASHIRAHAR/AT/CWTSATOTRavel.COM
CWTSATOTRavel WILL NOT ISSUE AIRLINES TICKETS
WITHOUT A COPY OF ORDERS.

COST OF TICKETS 1031.70 PER PERSON
PLEASE CONTACT THE SATOTRavel OFFICE
WITH YOUR GCC AT 1-866-950-1671
TO PAY FOR YOUR AIRLINE TICKETS
TICKETS MUST BE PAID BY JANUARY 5 2017
OR RESERVATIONS MAY OR CAN BE CANCELLED
BY THE AIRLINES. PLEASE
CONTACT THE SATOTRavel OFFICE
PAX PREGNANT TRAVELING WITH BABY AND SPO
SE NEED SEATS TOGETHER

PLEASE VISIT WWW.CARLSONWAGONLIT.COM/AIRLINEBAGGAGEFEES
FOR BAGGAGE FEE INFORMATION. CHECK OPERATING CARRIER
FOR ALLOWANCE IF TRAVELING ON CODE SHARE FLIGHT.

CHECKIN-IN 3 HOURS PRIOR TO FLIGHT DEPARTURE
RECONFIRM INTERNATIONAL FLIGHTS 72 HOURS PRIOR
TO DEPARTURE.
PASSPORT REQUIRED FOR THIS TRIP.
PLEASE CARRY PROOF OF CITIZENSHIP FOR ENTRY PURPOSES.
FARES ARE NOT GUARANTEED UNTIL TICKET HAS BEEN ISSUED.
FOR TRAVEL ASSISTANCE WHILE OVERSEAS CALL OUR 24 HOUR
EMERGENCY CENTER COLLECT AT 210-677-6828 OR THE AIRLINE

Carbon
Voucher
Travel
Southwest
Your Itinerary

Trip on Jan 10, 2017 Location: CPNIPS Order: Jan 05, 2017

Traveler: DOYAR R TYSON
THIS IS YOUR OFFICIAL RECEIPT FOR TRAVEL.
PLEASE RETAIN FOR VOUCHERING OR
REIMBURSEMENT PURPOSES.

Customer Number: C87925U
Agent: 11

NO FARE IS GUARANTEED UNTIL TICKETED
---IMPORTANT CHANGE---
THIS AIR RESERVATION WILL BE AUTOMATICALLY CANCELLED
AT 72 HOURS PRIOR TO TRAVEL DATE IF APPROVAL OR
ORDERS ARE NOT RECEIVED. YOU MUST OBTAIN
APPROVALS/OTS OR ORDERS/TRADITIONAL FARE ASCRIBED BY
THE CTD IN A TIMELY MANNER PRIOR TO TRAVEL DATE.
ONCE AUTOMATICALLY CANCELLED, SEATS MAY NOT BE
AVAILABLE FOR THAT FLIGHT OR AT THE ORIGINAL FARE.
THE TRAVELER IS RESPONSIBLE FOR CANCELLING ALL
ASSOCIATED HOTEL AND CAR RESERVATIONS TO AVOID
ANY NO SHOW PENALTIES.
ALWAYS MAKE SURE YOU HAVE TICKET HANDLES BEFORE
ARRIVING AT THE AIRPORT IF NO TICKET CALL YOUR CTO
TO CONFIRM YOUR RESERVATION AND AVOID DELAYS.
IF OUTSIDE NORMAL BUSINESS HOURS YOUR CALL WILL
BE SERVICED BY THE EMERGENCY SERVICE CENTER.

AIR/RAIL TRANSPORTATION EXPENSES ON THIS ITINERARY
ARE BILLED TO AN INDIVIDUALLY BILLED ACCOUNT.
THESE EXPENSES ARE REIMBURSABLE TO THE TRAVELER.
TICKETS TO/FROM SLEPPY CHANGED IN ADDITION TO TAT PRICE
PLEASE SEE SLEPPY-URL. TRADITIONAL
TAXES AND FEES TOTALING \$1.15
TICKET TOTALING \$1,151.15
TAX AND TICKET TOTAL \$1,152.30

Tuesday, January 10, 2017

FLIGHT UNITED AIRLINES 37
DEPARTURE
LOS ANGELES, CA
ARRIVAL
TOKYO/HANEDA
1:15 PM, Jan 10, 2017

Status Confirmed
Class Coach Class - Y
Duration 11:40 (Non-stop)
Equipment 788
Meal Service Lunch
Notes DEPT-TERMINAL 7
ARR-TERMINAL 1

Wednesday, January 11, 2017

FLIGHT UNITED AIRLINES 797
DEPARTURE
TOKYO/HANEDA
ARRIVAL
OKINAWA/JAPAN
8:30 PM, Jan 11, 2017

Status Confirmed
Class Coach Class - Y

1 of 3

